A TREATISE ON THE DROPSY OF THE BRAIN.

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TREATISE

ON THE

DROPSY OF THE BRAIN,

ILLUSTRATED BY A VARIETY OF

CASES.

TO WHICH ARE ADDED,

OBSERVATIONS

ON THE USE AND EFFECTS

OF THE

DIGITALIS PURPUREA

IN DROPSIES.

K.

By CHARLES WILLIAM QUIN, M.D.

Fellow of the King's and Queen's College of Physicians, Physician General of His Majesty's Army in Ireland, and of the Royal Hospital for Invalids, near Dublin.

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MVSEVM BRITAN NICVM

By CHARLES WILLIAM QUIN, M.D.
Fellow of the King's and Queen's College of Physicians, Ireland;
Member of the Medical Society of the Medical Profession of the
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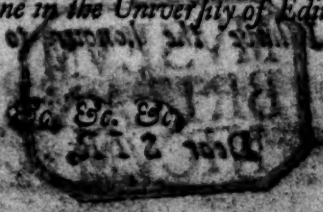
AND W. GRANT, EDINBURGH.
MDCCXCIX.

DEDICATION.

TO

WILLIAM CULLEN, M.D.

Professor of Medicine in the University of Edinburgh,



THE favourable reception with which you were pleased to honour my early endeavours to throw a new light on the nature and causes of certain diseases of the Brain, has acted as a very powerful incentive to an assiduous investigation, on my part, of such facts, and arguments, as might tend to a more complete elucidation of the subject.—Permit me, therefore, to send into the world, under

under your auſpices, the reſult of my inquiries; convinced, that whatever noſological opinions they have ſuggeſted, and whatever arguments they have ſupplied, muſt infallibly acquire very conſiderable weight, when ſanctioned by the juſtly celebrated name of CULLEN.

I have the honour to be,

Dear SIR,

Your much obliged

And very grateful Pupil.

CHARLES WILLIAM QUIN.

Dublin, Jan. 1790.

A

TREATISE

ON THE

DROPSY OF THE BRAIN.

INTRODUCTION.

THE Author of the following pages ventures to preſent them to the public, becauſe he hopes they will be found to contain ſome new facts relative to a very intereſting ſubject.—Facts, which (if he has reaſoned

reasoned with accuracy on them) have led him to important conclusions, with respect to the treatment, as well as the theory, of a disease generally fatal, and which, in his opinion, has been at all times more extensive in its ravages, than the earlier medical writers seem to have suspected.

He does not claim to himself the merit of originality, in pointing out the true distinction between the chronic and acute *Hydrocephalus*: for the ideas with respect to that point, as well as the opinions concerning the proximate cause of the acute disease, were first suggested to him by his father, a Physician of very unusual sagacity, and most extensive experience.

A general outline of the doctrines thus communicated to him, was sketched out in his *inaugural Dissertation*, published at Edinburgh

Edinburgh in the year 1779*; ſhortly afterwards, the celebrated Dr. Cullen was pleaſed to bear ample and public teſtimony in favour of the opinions advanced in the Diſſertation above mentioned; for, in the edition of his *Noſologia Methodica*, printed in 1780, it appears that he retained the chronic diſeaſe, as one of the genera of Dropſies, with the old name *Hydrocephalus*; but placed the acute amongſt Apoplexies, with a new appellation, viz. *Apoplexia Hydrocephalica*; and in a note aſſigns reaſons for ſo doing, perfectly conſonant to the arguments formerly made uſe of by the Author.

Since that period, neither facts nor arguments have occurred, of ſufficient force, to weaken the conviction of its truth, under

* Twice reprinted, viz. in *Webſter's Syſtema Medicinæ Practicæ*, and in *Smellie's Theſaurus Medicus*, vol. 4.

der which the Author firſt publiſhed a new Theory of Dropſy in the Brain:—On the contrary, that Theory can now appear ſupported by an added ſtrength of evidence, which minute attention to the ſubject has enabled him to draw from books, and obſervation in a variety of recent caſes; he therefore does not heſitate to ſubmit to the candid conſideration of the medical world, what he has been able to collect upon the ſubject.

He is well aware that time would, probably, afford him a more complete collection of facts in ſupport of his ſyſtem; and perhaps lead him to the detection of the errors he may have fallen into: but he confeſſes that he feels himſelf urged to an early publication of his ideas, (ſuch as they are,) by the melancholy recollection of the miſery he has too often been witneſs to, when

when the moſt hopeful children have been torn from their parents by a diſeaſe, hitherto not ſufficiently underſtood, and but rarely treated with ſucceſs.

THOUGH it muſt be lamented, that an effectual mode of cure is ſtill to be ſought for; yet, a knowledge of the nature of the complaint being eſtabliſhed on reaſonable principles, much it is hoped may be done by way of prevention; particularly, if an early and ſtrict regard be had to ſuch meaſures, as have a tendency to counteract the cauſe: and if by ſuch meaſures a ſingle individual ſhould hereafter be reſcued from impending danger; amply will the Author feel himſelf rewarded for whatever labour it has required to collect, and to arrange, with ſome degree of preciſion, the matter contained in the enſuing chapters.

OF

OF HYDROCEPHALUS,

PROPERLY SO CALLED.

ALTHOUGH every ſyſtematical writer on medicine deſcribes a diſeaſe termed *Hydrocephalus*; yet few books, and thoſe of a late date, take notice of that peculiar combination of ſymptoms, to which Dr. Whytt has very juſtly the credit of having firſt directed the attention of the medical world.

THE diſeaſe to which the name of *Hydrocephalus* had been entirely confined, until

until the above mentioned Author publiſhed his Eſſay, may very properly be conſidered as a chronic affection, perfectly analogous in its cauſes, and progreſs to all other dropſies of the human body.—Rickets, or other kinds of conſtitutional debility, are generally held to be the predispoſing cauſes of it; and its progreſs is frequently ſo ſlow, that patients have been known to labour under it from the period of birth, to that of an advanced age.—The heads of children ſo affected are generally from the firſt preternaturally large, and ſometimes continue for years to increaſe in ſize, without the appearance of any very diſtreſſing ſymptoms ariſing from ſo extraordinary an enlargement.—After death, which is uſually preceded by ſudden convulſions, the brain is found ſo exceedingly diſtended by water within the ventricles, as to be reduced to an amazing

degree

degree of thinneſs; or ſo much oppreſſed and deſtroyed by the water collected between it and the ſkull, as to aſſume rather the appearance of a ſmall gland, than that of a brain.

I do not recollect to have ſeen a ſingle patient thus affected; but the reader will find, in the firſt part of the Appendix to this work, the hiſtories of three caſes in point, which occurred in Dublin ſome years ago, but have not hitherto been publiſhed.

Every extenſive anatomical cabinet contains ſpecimens of ſkulls thus enlarged; and numberleſs caſes of the ſame kind are related by Authors, from whoſe works a ſufficient idea may be formed of the appearances in the living ſubject.—Thoſe who wiſh for further information, will find ſome very remarkable caſes in the following books:

Veſalius

Veſalius de corporis humani fabricâ, Lib. I. Cap. 5.

Schenkii Obſervationes Medicæ, Lib. I.

THIS Author alſo quotes a great number of caſes from the works of others; of thoſe which he himſelf was witneſs to, he aſſerts he cured four, and that he himſelf recovered from the diſeaſe when he was four years old.

Wepferi Obſervationes Medico Practicæ. De affectibus capitis Obſerv. 29.

Tulpii Obſervationes Medicæ, Lib. I. Cap. 24.

RIVERIUS mentions a caſe of this kind entirely cured by a bandage.

BY more modern writers, ſome curious hiſtories are recorded; particularly by Dr. Donald Monro, in his *Eſſay on Dropſy*, page

page 153. Dr. Remmet, in the *Medical Commentaries*, vol. 6. page 422. Dr. Willan, in ditto for the year 1780, page 333.

I SHALL conclude this part of my ſubject by obſerving; that ſome varieties of the *Chronic Hydrocephalus* appear to be, in many circumſtances, ſimilar in their nature to thoſe watry tumors which affect the ſpinal vertebræ: for it ſometimes happens, that by the partial opening of the ſutures of the cranium, a large ſwelling ſeems to be affixed to the head; and the conſequence of an attempt to reduce it by perforation, is as fatal as the ſame operation on ſimilar tumors attached to the ſpine.—And, laſtly, that according to the obſervations of *Morgagni*, females are more frequently attacked by it than males. The ſame Author alſo remarks, that in

ſome countries it is more common than in others; in his time it was rarely to be met with in Italy, but he mentions one Phyſician, who, in the courſe of a few months, ſaw three caſes of it at Wratiſlau.

HAVING thus given a general idea of the appearances which characterize the diſeaſe, to which the name of *Hydrocephalus* ought entirely to be confined: I ſhall proceed to the hiſtory, cauſes, and treatment of that, which, according to Dr. Cullen's arrangement, I ſhall hereafter diſtinguiſh by the appellation of *Apoplexia Hydrocephalica*.

OF

OF APOPLEXIA HYDROCEPHALICA.

THAT the deſcription of this diſeaſe, given by Dr. Whytt, is the firſt that was drawn from nature with any degree of accuracy, cannot be denied. *Petit*, it is true, in a ſhort paper inſerted in the *Memoirs of the Academy of Sciences* at Paris, for the year 1718, endeavoured to give ſome account of the ſymptoms attending it, but his deſcription is extremely inaccurate: indeed, (if I may be allowed to criticiſe the work of ſo intelligent an Author,) I confeſs it appears to me, to have been in no inſtance

taken from caſes, which before death afforded him even a ſuſpicion, that water, extravaſated in the ventricles of the brain, was the cauſe of the patient's complaints.

FROM this deficiency, however, of a well connected hiſtory of the ſymptoms, we are not to conclude that the diſeaſe itſelf firſt made its appearance when Dr. Whytt undertook to deſcribe it: the fact is, that many traces of it are to be found in the works of the medical writers of the two laſt centuries.—Although they differ from each other exceedingly in the conjectures they form, with reſpect to the probable conſequences of water extravaſated in the brain; yet many of them have evidently taken notice of certain ſymptoms attendant on it, and have, from experience, pronounced them to be fatal. Thus *Sennertus Practic, Lib.* 1. *Part III. Sect. II. Cap.* 26. has

has the following paſſage: "*Si poſt capitis dolorem vehementem magna ſequatur pupillæ dilatatio, exigua ſanationis ſpes eſt.*" The ſame Author in another place obſerves, "*Nonnunquam accidit, ut nervi optici contorqueantur, et inflectantur, et cæcitas inde inducatur, quæ niſi intra paucos dies deſinat, et ſponte viſio redeat, immedicabile malum eſt.*"

Others in direct terms allow the poſſibility of water being collected in the brain, without any concomitant enlargement of the ſkull. *Hieronymus Mercurialis* in his *Opuſcula aurea* aſſerts, that ſuch a thing may take place, but at the ſame time declares, that an *Apoplexy* muſt be the conſequence. *Bonetus* writes, as if he had perſonally been witneſs to its exiſtence, but was perfectly ignorant of the ſymptoms, on which the *diagnoſis* was to be founded,

founded: for in his *Theſaurus Medico Practicus*, vol. III. page 636, he has the following paſſage: "*Si intra cranium* "*colligatur hic humor, vix cognoſci po-* "*teſt, niſi conjecturâ quâdam; caput enim* "*propter oſſium ſoliditatem vix intumeſ-* "*cit.*"—A paſſage nearly of the ſame import occurs in *Wiſeman's Surgery, Book I. Chap.* 23, "*Water* (ſays this Author) "*within the ventricles of the brain is not* "*eaſily diſcovered whilſt the patient is* "*alive, only it may be gueſſed at, by* "*ſtupidity and inſenſibility, if any ſuch* "*thing be.*"—But no author that I have met with ſeems to be more fully aware of the extenſive prevalence of *Apoplexia Hydrocephalica* than Sir Richard Blackmore, who, though he does not attempt to deſcribe the ſymptoms with any degree of preciſion, concludes his ſhort chapter on *Hydrocephalus*

cephalus with the following pointed expreſſion: "*I look on exceſſive humors* "*lodged in the brain as the principal in-* "*fanticides, or deſtroyers of children.*"

I HAVE no doubt but that many more authorities of the ſame kind might be produced; but by far the moſt ſatisfactory ſources of information, concerning this queſtion, are the hiſtories of diſſections, made for the purpoſe of inveſtigating the cauſes and ſeats of diſeaſes; in theſe we find many very clear accounts of the very ſame appearances, as are now known to preſent themſelves in the bodies of thoſe who have died with all the characteriſtic ſymptoms of *Hydrocephalic Apoplexy.*—*Morgagni*, in his truly valuable book, *de cauſis et ſedibus morborum*, when he writes *de Hydrocephalo*, confines himſelf (as his predeceſſors had done) to caſes of enlarged

ſkull;

ſkull; but where he treats *de dolore capitis*, as well as in many other parts of his work, he recites a great variety of diſſections, wherein the appearances alledged by him to have preſented themſelves, ſtrongly induce me to believe, that the head-ach, lethargy, convulſions, &c. under which the patients, whoſe caſes he deſcribes, had laboured; were in reality ſymptoms ariſing from *Apoplexia Hydrocephalica*. As the work to which I have alluded, is now become ſcarce, I have, for the convenience of my readers, ſelected a few of the diſſections, moſt applicable to the preſent ſubject, and placed them in the Appendix, Part II. together with a caſe from *Borelli* and another from *Epiphanius*.

Ever ſince the attention of Phyſicians has been directed to this diſeaſe by Dr. Whytt's publication on the ſubject; it

it has been generally believed, that children only are liable to its attacks, and chiefly thoſe between the fourth and tenth years of their age.—So far indeed this opinion will be found conſiſtent with facts; that the train of ſymptoms deſcribed by the Author above mentioned, is not often known to appear in grown perſons.

But whoever reaſons on the ſubject, will of neceſſity conclude, that the cauſe of the diſeaſe may occaſionally affect perſons of all ages, producing very different trains of ſymptoms in different ſubjects; he will naturally expect that the ſymptoms ſhall vary in their violence, the rapidity of ſucceſſion, and their conſequences; according to the age, conſtitution, and ſtrength of the patient. The numerous hiſtories of diſſections, given by accurate Anatomiſts, prove, beyond

 a doubt,

a doubt, that ſuch reaſoning is juſt; for it appears from thoſe, that the human brain may, at all ages, be affected by a morbid accumulation of fluids in its veſſels, and within its cavities.

Although ſuch an accumulation, at the more advanced periods of life, does not for the moſt part give riſe to the ſame appearances as occur in youth from a ſimilar cauſe; yet that it ſometimes produces the very ſame ſymptoms in adults, which Dr. Whytt, and others after him, have uſually ſuppoſed to be peculiar to children, will appear from the following caſes, which, though not very numerous, are (as I apprehend) ſufficiently ſo to prove the truth of the above aſſertion.

In the year 1779, I had an opportunity of ſeeing a woman of 40 years of age, who

who died in the Infirmary at Edinburgh; during her illneſs many ſymptoms occurred, which led the Phyſician who attended her to ſuſpect, that water was collected in the brain; and diſſection after her death fully confirmed his ſuſpicion.—In the courſe of the following year, I was preſent at the diſſection of a young man, aged 21, whom Dr. Cullen had pronounced many days before his death to be affected with *Apoplexia Hydrocephalica*; and the examination of the brain amply confirmed the truth of his prognoſtic.

In the Appendix will be found two caſes, Nos. 13 and 22, which, on account of ſome ſingular circumſtances attending them, are there related at full length:—the patients in both inſtances were about 40 years of age: one of them died, and on diſſection, the ſame morbid appearances

were obſerved in the brain, and its ventricles, which I have repeatedly ſeen in *Hydrocephalic* children. The other indeed recovered, but every ſymptom and circumſtance ſatisfied me, that the diſeaſe did exiſt. —To theſe likewiſe may be added two caſes, the one related by Dr. Fothergill, in the *London Medical Obſervations*, vol. 4. page 52; the other by Dr. Huck, in the ſame volume: the patients in both caſes above 25 years of age, are deſcribed as having been affected with the *pathognomonick* ſymptoms, pointed out by Dr. Whytt; and both recovered.

Such caſes however as thoſe laſt recited are certainly not very common in the uſual courſe of practice; but, if after the peruſal of them, any of my readers entertains a doubt as to the occaſional exiſtence of the diſeaſe in adults, I muſt requeſt he

he will conſider with attention the eleven firſt Epiſtles of *Morgagni de cauſis & ſedibus Morborum*; and I cannot but believe, that the reports he will there meet with, of ſeveral very pointed caſes, will convince him, that extravaſated water lodged in the cavities of the brain, attended by other appearances, (which I ſhall hereafter endeavour to ſhew, almoſt conſtantly occur on the examination of the brains of children, who die of the complaint now treated of,) is and has been a much more frequent cauſe of death, even in adults, than moſt Phyſicians hitherto have imagined.—It has been already obſerved, that the ſymptoms ariſing from the ſame cauſe, affecting perſons of different ages, are in general (as might naturally be expected) different in reſpect to violence, rapidity of ſucceſſion, and event: In a proper place I ſhall endeavour to aſſign ſome reaſons

reaſons for theſe differences, and in the mean time, I ſhall in giving the hiſtory of ſymptoms, confine myſelf to thoſe which generally occur in young ſubjects, in whom the ſlow and gradual progreſſion of them generally gives ſome regularity to the appearance of the diſeaſe, and therefore affords time for the adminiſtration of the moſt approved remedies; whereas, when perſons more advanced in life are attacked by it, the progreſs is in general more rapid, and the danger more immediately imminent, as the ſymptoms approach more nearly to thoſe of pure *Apoplexy*.

HAVING ſaid ſo much with reſpect to the period of life, at which the attacks of *Apoplexia Hydrocephalica* are moſt frequently to be expected; I ſhall, in the next place remark, that although we cannot (ſtrictly ſpeaking) call the diſeaſe hereditary, yet it has been often known to ſeize

on

on ſeveral children of a family, where neither parent has been able after the moſt minute inquiry, to diſcover any traces of it amongſt the perſons otherwiſe allied to them.—I have been acquainted with many families ſo circumſtanced; and in this place may be mentioned a ſingularly curious caſe, which once fell within the ſphere of my Father's obſervation; here ſeveral male children born of parents both very healthy, were ſucceſſively cut off by this diſeaſe, whereas all the females entirely eſcaped it.

I CANNOT, with certainty point out any peculiarity of conſtitution, temperament, or external appearance, which can properly be deemed a prediſpoſing cauſe;—moſt of the patients however, who have been under my care on account of this complaint, or under that of other Phyſicians, who have communicated their obſervations

ſervations to me, have been previous to its firſt appearance, extremely lively, and of acute underſtandings:—In very many of them an unuſual tranſparency of the ſkin has been obſerved, through which the viens were ſtrongly marked, particularly about the temples, forehead, and neck; the eyes have been full, prominent, and brilliant; and in ſome few caſes there has been reaſon to ſuſpect the exiſtence of a ſcrofulous taint.

As to the appearance which the diſeaſe aſſumes at its onſet, ſome difficulty ſeems to ariſe in deciding between the opinions delivered by Doctors Whytt and Fothergill; the former maintains, that its advances are gradual, and its duration four, five, or ſix weeks before death; the latter, on the contrary, ſeems to think, that it rarely continues for more than twenty-one days:

days:—It appears to me however, that under certain circumſtances both opinions are well founded.—Whytt certainly confined his obſervations to the phænomena as they preſent themſelves in children: but we learn from Fothergill's Eſſay on this diſeaſe, that he ſaw ſome patients affected with it of a more advanced age, and he perhaps formed his general ideas on the ſubject from what was obſervable in them: now as the duration of a diſeaſe, ariſing from the action of an increaſed portion of fluids within the head, muſt in ſome ſort depend on the ſtate of the cranium, and its ſutures; it is by no means extraordinary, that in very young ſubjects, the progreſs of it is more gradual, and the ſymptoms not ſo immediately conſpicuous, as in thoſe of greater firmneſs of bone, and ſtrength of conſtitution.

It muſt however be allowed, that a few ſigns of the diſeaſe are ſometimes to be obſerved in infants affected by it, for ſome weeks before death; but in ſuch caſes the deviation from health is at firſt ſcarcely perceptible, or if perceived it is ſo frequently attributed by ignorant obſervers to other cauſes, that medical aid is ſeldom called for until matters have advanced ſo far, that the remaining courſe of the diſeaſe does not often require for its completion even ſo many days as Dr. Fothergill has fixed on for its uſual duration.

In general the patient is at firſt languid and inactive, often drowſy and peeviſh, but at intervals cheerful and apparently free from complaint. The appetite is weak, a nauſea, and in many caſes a vomiting occurs once or twice in the day,

and the ſkin is obſerved to be hot and dry towards the evenings: ſoon after theſe ſymptoms have appeared, the patient is affected with a ſharp head-ach, chiefly in the fore-part, or if not there, generally in the crown of the head: it is ſometimes, however, confined to one ſide of the head, and, in that caſe, when the poſture of the body is erect, the head often inclines to the ſide affected.—We frequently find alſo, that the head-ach alternates with the affection of the ſtomach; the vomiting being leſs troubleſome when the pain is moſt violent, and *vice verſâ*; other parts of the body are likewiſe ſubject to temporary attacks of pain, viz. the extremities, or the bowels, but more conſtantly the back of the neck, and between the ſcapulæ; in all ſuch caſes the head is more free from uneaſineſs.

The patient diſlikes the light at this period; cries much, ſleeps little, and when he does ſleep, he grinds his teeth, picks his noſe, appears to be uneaſy, and ſtarts often, ſcreaming as if he were terrified; the bowels are in the majority of caſes very much confined, though it ſometimes happens that they are in an oppoſite ſtate; the pulſe in this early ſtage of the diſorder, does not uſually indicate any material derangement.

When the ſymptoms above mentioned have continued for a few days, ſubject as they always are in this diſeaſe to great fluctuation, the axis of one eye is generally found to be turned in towards the noſe; the pupil on this ſide is rather more dilated than the other; and when both eyes have the axes directed inwards, (which ſometimes happens,) both pupils are larger than they are obſerved to be in the eyes of healthy perſons: the vomiting

becomes

becomes more conſtant, and the head-ach more excruciating; every ſymptom of fever then makes its appearance, the pulſe is frequent, and the breathing quick; exacerbations of the fever take place towards the evening, and the face is occaſionally fluſhed; uſually one cheek is much more affected than the other; temporary perſpirations likewiſe break forth, which are not followed by any alleviation of diſtreſs; a diſcharge of blood from the noſe, which ſometimes appears about this period, is equally inefficacious.

Delirium, and that of the moſt violent kind, particularly if the patient has arrived at the age of puberty, now takes place, and with all the preceding ſymptoms of fever, continues for a while to encreaſe, until about fourteen days, often a much ſhorter ſpace of time ſhall have elapſed ſince the appear-

ance

ance of the ſymptoms, which were firſt mentioned in the above detail.

The diſeaſe then undergoes that remarkable change, which ſometimes ſuddenly points out the commencement of, what has been called it's ſecond ſtage: the pulſe becomes ſlow but unequal, both as to it's ſtrength, and the intervals between the pulſations; the pain of the head, or of whatever part had previouſly been affected, ſeems to abate, or at leaſt the patient becomes apparently leſs ſenſible of it; the interrupted ſlumbers, or perpetual reſtleſſneſs which prevailed during the earlier periods of the diſorder, are now ſucceeded by an almoſt lethargic torpor, the ſtrabiſmus, and dilatation of the pupil increaſe, the patient lies with one, or both eyes half cloſed, which when minutely examined are often found to be completely inſenſible

ſenſible to light; the vomiting ceaſes; whatever food or medicine is offered is uſually ſwallowed with apparent voracity; the bowels at this period generally remain obſtinately coſtive.

If every effort made by art fails to excite the ſinking powers of life, the ſymptoms of what has been called the ſecond ſtage are ſoon ſucceeded by others, which more certainly announce the approach of death.—The pulſe again becomes equal, but ſo weak and quick, that it is almoſt impoſſible to count it; a difficulty of breathing, nearly reſembling the *Stertor Apoplecticus*, is often obſerved; ſometimes the eyes are ſuffuſed with blood, the flushing of the face is more frequent than before, but of ſhorter duration, and followed by a deadly paleneſs; red ſpots, or blotches ſometimes appear on the body and

limbs;

limbs, deglutition becomes difficult, and convulsions generally close the scene.—In one case, I may observe, the jaws of a child of four years of age were so firmly locked for more than a day before death, that it was impossible to introduce either food or medicine into his mouth; vid. Appendix, No. 10: and in another case, an hemiplegia, attended with some remarkable circumstances, occurred during the two days preceding dissolution, vid. No. 11.

HAVING thus given as exact an history of *Apoplexia Hydrocephalica* as I could compile from the writings of others, and from my own observations, I should think myself guilty of imposition on my readers if I did not caution them that it must be considered merely as a general outline; the human brain seems to be so extremely capricious (if the expression may be allowed)

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in the ſignals it gives to other parts of the ſyſtem, of the injury it ſuffers throughout the courſe of this diſeaſe, that although every ſymptom above mentioned does occaſionally occur, and indeed few caſes of the diſeaſe are to be met with, which do not exhibit many of them; yet it does not appear to me, that any one of them is conſtantly, and inſeparably connected with it.—Many of the hiſtories in the Appendix ſufficiently demonſtrate the truth of this aſſertion; to that part of the work my reader is referred for a more minute inveſtigation of this point; I muſt here however mention ſome remarkable deviations from the uſual courſe, which are not there recorded.

A LATE very eminent Phyſician of this city aſſured me, that he had more than once ſeen intermiſſions in the diſeaſe ſo ſtrongly marked, that he adminiſtered the

Peruvian Bark, with at leaſt temporary benefit to his patients.

ANOTHER gentleman of the profeſſion now living communicated to me the hiſtory of a caſe in which he was conſulted: the diſeaſe terminated fatally in ſeven days, and diſſection aſcertained the cauſe of it; yet the uſual variations of the pulſe in the ſeveral ſtages did not take place; the pupils were not dilated until the laſt day of the child's life; he never once vomited, never expreſſed a diſlike to light, and the head-ach though conſtant, was not violent.

A LATE very experienced Surgeon likewiſe, during my attendance of his child, vid. No. 17. informed me, that a ſon of his, older than our patient, had died ſome years before with all the ſtrong-

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eſt appearances of *Hydrocephalic Apoplexy*; that ſome time afterwards, a ſecond child was taken ill, and died; during his illneſs no one ſymptom afforded any ſuſpicion of the real cauſe of his death; my friend however directed the body to be particularly examined, and on diſſection a large quantity of water was found within the ventricles of the brain.—A caſe ſomewhat ſimilar, related at large in the Appendix, No. 20. affords, in my apprehenſion, as extraordinary a proof of the excentricity of the diſeaſe as can be imagined.

From what has juſt now been ſtated, it muſt appear, how difficult a taſk it is to draw a faithful portrait of this truly Proteiform diſtemper; or even to point out any ſingle feature, or combination of them, which may be depended upon as truly characteriſtic of it.—At firſt vomit-

ing, coſtiveneſs, ſhooting pains in the head, averſion from light; and afterwards dilatation of the pupils, ſtrabiſmus, and irregularity of the pulſe, do indeed moſt frequently appear, but we now ſee that many of theſe ſymptoms, nay moſt of them, may withhold themſelves, and leave us to found our opinion of the caſe on bare conjecture.

But as it is of the utmoſt conſequence that the *diagnoſis* ſhould be decided on as early as poſſible; the moſt minute inquiry ought to be made into every circumſtance, capable of throwing light on it.—When a patient is found to be affected by vomiting, head-ach, and coſtiveneſs, the ſymptoms which moſt uſually appear on the commencement of *Apoplexia Hydrocephalica*, it is difficult, while theſe are the only evident com-

plaints,

plaints, to determine whether they may not ariſe from weakneſs of ſtomach, or incipient fever (but more eſpecially in the caſe of young children,) from dentition, or worms in the inteſtines: if however they do not in ſome degree yield to an emetic immediately adminiſtered, and followed by a few mercurial purgatives judiciouſly repeated, we ſhall generally find, that ſome of the other ſymptoms mentioned above in the general detail will very ſoon preſent themſelves; of theſe averſion from light, pain between the ſcapulæ, and ſcreams, ſuddenly interrupting ſleep, may be conſidered by the Phyſician as very alarming ſignals of an impending diſeaſe of the brain; but although the circumſtances laſt mentioned ſhould not be obſervable, the obſtinate continuance of acute head-ach, vomiting, and coſtiveneſs may afford ſtrong grounds for deciſion as

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to the nature of the patient's diſeaſe, wherever it is known that children of the ſame family have been affected by *Apoplexia Hydrocephalica.*

It will be uſeful alſo, towards the forming an early *diagnoſis*, to recollect, that in caſes of this kind, (at leaſt in the earlieſt ſtage) ſpaſms of the limbs are of much leſs frequent occurrence than where the diſtreſs proceeds from worms. If indeed during its firſt approaches, the diſeaſe is diſregarded, and ſuffered to gain ground before proper medical aſſiſtance is called for; ſtrabiſmus, irregularity of the pulſe, coma, and even blindneſs, too frequently ſerve at once to portend death, and to point out its cauſe.

It appears that moſt writers on the ſubject, being led by the ſuppoſed analogy between

between this diſeaſe and other Dropſies, have aſcribed it to the ſame remote cauſes. Thus a *ſerous colluvies of the blood, ruptured lymphatics, cachexy, ſuppreſſed diſcharges, &c.* have been ſet down by Whytt, and other Authors, as remote cauſes of dropſy in the brain; I muſt agree with them indeed in attributing to thoſe, and ſuch like circumſtances, the origin of that diſeaſe to which, in the beginning of this Treatiſe, it has been propoſed to confine the name of *Hydrocephalus*, that being evidently a chronic complaint, and in every circumſtance of it's phænomena a genuine Dropſy.

But when the appearances, progreſs, and duration of *Apoplexia Hydrocephalica* are candidly conſidered, when it is recollected, that the patients attacked by it, are uſually of very lively intellects, and remarkably

healthy

healthy conſtitutions; ſuch in ſhort as are the moſt remote from any degree of *Cachexy*: a ſuſpicion will neceſſarily ariſe, that it's cauſes are of a very different nature from thoſe of Dropſy, and much more cloſely allied to the cauſes of acute diſeaſes.—That this is really the caſe, I ſhall hereafter endeavour to prove, by deductions from an extenſive ſeries of facts, which (as I apprehend) amount to a demonſtration, that the diſeaſe in queſtion, always owes it's origin to a morbid accumulation of blood in the veſſels of the brain, ſometimes proceeding to a degree of inflammation, and generally (but not always), producing an extravaſation of watery fluid before death.

In the firſt place it is to be obſerved, that at the period of the diſeaſe, wherein the head-ach is moſt acute, every ſymptom of fever, ariſing from an increaſed action of

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the vaſcular ſyſtem, is evident; ſecondly, the majority of patients who are attacked by it exhibit on inſpection, ſtrong appearances of *plethora* in the ſuperficial veſſels of the head; and in ſome inſtances they have been ſubject to bleedings at the noſe previous to the attack: vid. caſe 16 in the Appendix, and *Whytt's Obſervations on Dropſy in the Brain.*—Theſe perhaps would be deemed but weak proofs of my aſſertion, if no others could be adduced in ſupport of it; but when they are ſtrongly corroborated by arguments, deduced from the phænomena which have preſented themſelves in dead bodies;—the theory, it is preſumed, will no longer appear to be a matter of ſpeculation.

The firſt diſſections I ſhall particularly take notice of, are thoſe of a young woman, who died at Edinburgh, while I was there,

in the year 1777; and that of a boy, attended by my father many years ago in Dublin: in both of theſe patients the ſymptoms preceding death were to all appearance ſo unequivocal, that the Phyſicians not only pronounced the diſeaſe to be water in the ventricles, but likewiſe foretold the ſymptoms, which were to be expected a few days before diſſolution: the looked for changes did accordingly take place, and the patients died: in both caſes, to the aſtoniſhment of thoſe who were preſent, and prepared to find on diſſection a great redundancy of water within the cranium; none could be diſcovered in any part of the brain: but the blood veſſels were ſo unuſually diſtended, that the whole of the *cerebrum* and *cerebellum* reſembled an anatomical preparation, in which the utmoſt force of injection had been employed.

In the next place, the reader is referred for a further confirmation of what has been advanced to the caſes No. 12, 13, 16, 20 of the Appendix, wherein the quantity of fluid found in the ventricles was very conſiderable; but at the ſame time, there were ſigns ſo viſible of an increaſed flow of blood to the brain, that in all of them the veſſels were remarkably turgid; in moſt of them a degree of inflammation had taken place, as appeared at the time of diſſection, either by preternatural adheſions of the meninges, or by a partial opacity, and increaſed thickneſs of them, together with patches of inflammatory cruſt, very ſimilar to thoſe which are found on the *abdominal viſcera* of perſons whoſe death has been the conſequence of *Enteritis*; or on the lungs, and pleura of thoſe who have ſunk under pulmonic inflammation.

The laſt diſſections to be referred to are thoſe mentioned in the caſes No. 5, 6, 8, ſelected from many others of the ſame kind to be found in the writings of *Morgagni*; in theſe the ſymptoms previous to death are not very particularly deſcribed; and perhaps, on account of the age of the patients, the diſeaſe in ſome points aſſumed an appearance, different from that which is generally ſeen in younger ſubjects, under the influence of the ſame cauſe: but in all of them, after death a morbid effuſion of ſerum was diſcovered in the ventricles, and between the membranes of the brain, accompanied by the moſt unqueſtionable proofs of uncommon diſtention, and violently increaſed action of its blood veſſels.

The principal facts, on which the foregoing theory is founded being now clearly ſtated; I apprehend it may be fairly aſſert-

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ed, that (even if no diſſections were adduced to illuſtrate the ſubject,) the appearances, and general ſymptoms are much more obviouſly accounted for on the principles I have endeavoured to eſtabliſh, than on any others.—For if the diſeaſe, (as it was formerly imagined,) be a pure Dropſy, there is no one circumſtance, to which we can recur for an explanation of the ſymptoms, except mere mechanical preſſure on the brain, ariſing from the gradual increaſe of water within the ventricles, and the conſequent enlargement of thoſe cavities beyond their uſual dimenſions.

Morgagni, it is true, ſeems to be of opinion, that the various effects of the ſame cauſe, viz. water extravaſated within the cranium, even in ſmall quantities, may depend on the various degrees, in which

which the fluid is ſaline, and therefore ſtimulant; but it is now well known, that the water found within the brain of *Hydrocephalic* ſubjects, is in general moſt remarkably pure, and free from any ſaline impregnation whatever.

Let us then, in the next place examine, what are the uſual ſymptoms attending known injuries of the brain from violence. The late Mr. Pott, in his excellent *Treatiſe on Surgery*, takes notice of ſome circumſtances very much in point.—"*The ſymptoms*, "*ſays he, attending an inflamed ſloughy ſtate* "*of the membranes, in conſequence of ex-* "*ternal violence, are pain in the head, reſt-* "*leſſneſs, want of ſleep, frequent and hard* "*pulſe, hot and dry ſkin, flushed counten-* "*ance, inflamed eyes, nauſea, vomiting,* "*rigor, convulſions and delirium; and theſe* "*come on ſo gradually, as not to be obſerved*

"*until*

" *until ſome days have paſſed after the acci-*
" *dent ſhall have happened: all the com-*
" *plaints produced by extravaſation, are ſuch*
" *as ariſe from preſſure; viz. ſtupidity,*
" *loſs of ſenſe, and voluntary motion, labo-*
" *rious and obſtructed pulſe, and reſpiration,*
" *and theſe uſually appear immediately, or*
" *very ſoon after the accident.*

Now it muſt appear at once, that no inconſiderable weight is added to the theory I have offered, from the above obſervations, made by a ſingularly ſenſible, and experienced Surgeon.—The ſymptoms which after a very few days occur in *Apoplexia Hydrocephalica*, are very cloſely allied to thoſe enumerated by Mr. Pott, as the effects of inflammation in the membranes of the brain; and the ſymptoms which mark the laſt ſtage of the diſeaſe, are as nearly connected with thoſe obſerved

ſerved by him, to ariſe from compreſſion.

THERE is indeed one circumſtance, which may ſeem very much to invalidate the reaſoning I have fallen into through the courſe of the preſent Treatiſe. An opponent may aſk: If your poſition is true, that the *Apoplexia Hydrocephalica* ariſes in the firſt inſtance from a morbid increaſe of blood in the veſſels of the brain? why do the ſymptoms in any reſpect deviate from thoſe undoubtedly proceeding from the ſame cauſe in *Phrenitis* and *Apoplexy*? To this objection I confeſs no very ſatisfactory anſwer can be given; nor is this at all to be wondered at, while we are ſo ignorant, as we ſurely are, of the operations of the brain, and nervous ſyſtem; ſo completely in the dark with reſpect to the mode, by which their influence is extended

tended to all the vital and animal functions: beſides *Apoplexy* and *Phrenitis* already mentioned, it is an undoubted fact, that palſy, epilepſy, madneſs, delirium, and head-ach, very frequently ariſe from the ſame cauſe: this no one will deny; though no reaſon can well be aſſigned for the varieties that occur in the ſymptoms of theſe ſeveral diſeaſes.—The age however of patients moſt liable to be attacked by *Apoplexia Hydrocephalica* will, in my humble apprehenſion, ſuggeſt a very material cauſe for the difference between the ſymptoms of it, and thoſe of the true Apoplexy, as it is known to affect adults.

It ſeems highly probable, that the brain of children is much leſs ſenſible to the effects of ſtimuli or preſſure, than it afterwards becomes at a more advanced age.—There can be no doubt but that this is

the caſe at the time of birth; for the violent compreſſion which the brain undergoes with impunity at that time, (even ſo great as totally to change the form of it,) is ſuch, as muſt be immediately fatal if applied to the brain of a grown perſon. for this reaſon perhaps, as well as the want of firm connection between the bones of the cranium in children, which it is well known frequently ſubſiſts for ſome years after birth, the progreſs of diſeaſe ariſing from a morbid accumulation of blood, is in infants gradual, and the ſtimulus leſs injurious; in adults the effects are inſtantaneous, and the diſeaſe more immediately fatal.

To give further ſcope to reaſoning, or ſpeculation on a ſubject which can effectually be illuſtrated by facts only, would be inadmiſſible; I ſhall therefore proceed

ſo what now remains to be treated of, the *Prognoſis* and *cure*.

So little has hitherto been diſcovered with reſpect to the cure of the diſeaſe here treated of, that in the preſent ſtate of our knowledge the *Prognoſis* muſt be extremely unfavourable:—Dr. Whytt freely owns, that he never had been ſo fortunate as to cure any one patient, whoſe ſymptoms denoted its exiſtence with any degree of certainty; and adds, that he ſuſpects thoſe who imagine they have been more ſucceſsful, have miſtaken another diſtemper for this.—Here however I muſt beg leave to differ from him; for it has appeared from the teſtimony of Dr. Percival of Mancheſter, and Dr. Dobſon of Bath, that they have (even in their own families) been fortunate enough to recover ſome children, who were as evidently affected by it, as

others to whom it had been fatal.—Theſe recoveries they have attributed to a mode of treatment, which certainly ſince their recommendation of it, has been tried extenſively with but little ſucceſs; therefore I am rather inclined to believe, that the event depended upon the very early attention paid by them, to the diſeaſes of their own children; apprized as they muſt have been by their former loſſes, that future attacks of this dreadful malady were reaſonably to be expected.—Certain it is however, that under the care of the gentlemen above mentioned, ſome patients have been reſtored to health, and in addition to the caſes ſtated by them, I can add three; one of which fell under my own immediate care in the year 1781; another ſhortly afterwards, under that of my father; and the third I was witneſs to in April, 1787. In all of theſe, every ſymp-

tom was as diſtinctly marked as it uſually is in the worſt caſes; and much more ſo than in ſome, where death afforded an opportunity of aſcertaining the cauſe by diſſection.—The three hiſtories are particularly related in the Appendix, No. 14, 15, 22, to which I think may very fairly be added, as a caſe fortunately treated, No. 9, from *Epiphanius*.

The death of Dr. Dobſon has, for the preſent, deprived the world of an enlarged edition of his former publications on this ſubject, which by a letter I received from him in the year 1785, I underſtood he was preparing for the preſs; ſuch a work, I have no doubt, would have afforded great aſſiſtance to Phyſicians in forming their *Prognoſis*, as well as regulating the mode of treatment in ſimular caſes.

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I HAVE indeed been led to ſuggeſt my ſuſpicions, that the good ſucceſs of the two gentlemen above mentioned was the effect of the very early and ſolicitous attention of a father to the health of his child, by a very ſtrong conviction, that the *Prognoſis* in this diſeaſe would by no means be ſo unfavourable as it is at preſent, if aſſiſtance were called for ſufficiently early to prevent the firſt cauſe from proceeding to the fatal extremities, to which it is too often ſuffered to run; it muſt be confeſſed however, that the diſeaſe is often ſo inſidious in it's firſt attacks, and ſo gradual in it's advancement, that thoſe moſt converſant with children may be eaſily deceived as to it's cauſe, or inobſervant as to it's exiſtence; in ſhort, it is almoſt neceſſary, that the diſeaſe ſhould have formerly manifeſted itſelf in a family, before the perſons moſt intereſt-

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ed, can be on their guard againſt it's future attacks.—In ſuch caſes the ſmalleſt appearance of any one ſymptom of the diſeaſe, not otherwiſe obviouſly to be accounted for, ſhould give the alarm, and inſtantly urge the parent to call for medical aid.—But hitherto that aid has ſeldom been ſought for, until the exiſtence of the diſtemper has been as evident, as the conſequence has been fatal.

FROM what has been already ſtated, and I hope tolerably well ſupported by facts; the rational mode of cure, or rather indeed the rational courſe of attempts to be made for the relief of the patient, readily preſents itſelf.—During the firſt moments of the diſorder, there neceſſarily muſt be a degree of doubt with regard to the cauſe of the ſymptoms: vomiting, coſtiveneſs, head-ach, and feveriſhneſs, may

may depend on worms; in younger patients on dentition; and in those of any age; on foulneſs of the ſtomach. For this reaſon the firſt ſtep to be taken is to empty the ſtomach; for which purpoſe, the leſs powerful the emetic given, the leſs danger there will be of doing miſchief, by forcing the fluids towards the head in the ſtrainings to vomit, which are uſually the conſequence of antimonial emetics: generally warm water alone, or the infuſion of camomile, anſwers every purpoſe that can be looked for from vomits in this diſeaſe.—In the next place, as coſtiveneſs is a very general ſymptom in the beginning, a ſtrong purgative ought without loſs of time to be adminiſtered; calomel appears to be the moſt proper inſtrument to be employed; as it is a remedy well adapted to the removal of worms, and equally well ſuited to incipient *Apoplexia Hydro-*

Hydrocephalica. It muſt be obſerved however, that in the latter diſeaſe, a very large doſe of the medicine is required in order to produce any effect, a treble, nay a much larger doſe has frequently been given, without at all promoting the expected evacuation: vid. Appendix, Nos. 12, 16, 17, 18, 21.—If after theſe firſt ſteps have been taken, the ſymptoms ſtill continue, and more particularly, if a larger doſe of the cathartic has been neceſſary, than from the age and ſtrength of the patient we ſhould expect to be effectual, the Practitioner is then juſtifiable in ſuſpecting the head to be the ſeat of the diſeaſe, and having recourſe to ſuch means, as are beſt ſuited to counteract the cauſe.

In the firſt ſtages of the complaint, while it may be ſuppoſed that no watery effuſion has yet taken place, every remedy that

promiſes to remove the *Plethora* of the head is clearly indicated; but the ſymptoms, which are likely to attend the diſeaſe in its progreſs, require that much attention ſhould be paid, even in the earlieſt moments, to the choice and management of the *antiphlogiſtic* remedies, which are generally adopted in other caſes of *Plethora*.—For the more accurate conſideration of theſe ſeveral articles, I ſhall ſubmit to my readers a table of the uſual means employed for the removal of *Plethora*, particularly that of the head; and endeavour, by treating of them ſeparately, to point out what appear to deſerve a preference in the management of *Apoplexia Hydrocephalica*.

General

General Means of removing Plethora.

I. Veneſection.
II. Cathartics.
III. Bliſters.
IV. Setons.
V. Proper poſition of the head.
VI. Cold applied to the head.
VII. Pediluvium.

I. With reſpect to blood-letting.—The freedom with which it may be employed muſt be determined, by attending to the ſymptoms of the diſeaſe, the conſtitution, but I imagine more particularly the age of the patient. At the early period at which children are uſually ſeized with this diſeaſe, however ſtrongly we may ſuſpect that a congeſtion of blood in the brain has been the cauſe of the ſymptoms,

it is very evident that blood cannot be drawn in large quantities, without the hazard of increasing the great degree of debility, which a continuation of the disease always induces; therefore, as the remedy now under consideration, can be recommended only in as much as it may contribute to the relief of the head; and as a smaller quantity of fluid, drawn from a part contiguous to the seat of the disease, will have more immediate effect than a larger portion taken from the general mass, I should decidedly, in all cases where the patient is very young, prefer local evacuation to a more general bleeding; by means of leeches, or cupping and scarifying, a considerable discharge may be procured from the temples, and where the operation can be performed with safety, the jugular vein, or perhaps the temporal artery, may be opened with advantage.

tage.—And from the authority of *Morgagni, Adverſ. Anatom. Chap.* vi. *Animadv.* 83, we have great reaſon to believe, that deep inciſions in the occipital veins will be of ſervice, as he relates two caſes within his own knowledge, where perſons were evidently relieved by this operation from comatoſe affections.—I cannot conclude this article without recommending to the peruſal of my readers, the 16th paragraph of the 6th Epiſtle of *Morgagni, de cauſis & ſedibus morborum*, wherein much is to be found with reſpect to blood-letting in diſeaſes ſuſpected to owe their origin to diſtention of the veſſels within the cranium.

II. It is not always neceſſary to have recourſe to cathartics, as it ſometimes happens that the bowels are naturally very free in this diſeaſe; the contrary ſtate however

however is infinitely more common; and whenever it occurs, calomel may be given, and frequently repeated in ſuch doſes as are found ſufficient to keep up a regular diſcharge; all additions to it being carefully avoided, which are likely to produce nauſea; as by them vomiting may be brought on, or increaſed to ſuch a degree as to haſten conſiderably the progreſs of the diſeaſe.

III. It is a difficult matter to decide upon what principle the application of bliſters to the head in the early ſtages produces its good effects; probably by giving greater activity to the external blood veſſels of the cranium, a check may be given to the flow of blood into thoſe more deeply ſeated; and by that means the accumulation of fluid within the brain may be in ſome meaſure prevented.—It is alſo probable

probable that the quantity of ſerous fluid ſeparated from the blood in the neighbouring parts by means of bliſters, may, by diminiſhing the volume of the fluids circulating within the cranium, diminiſh the degree of preſſure on the brain, which muſt take place where the veſſels are unuſually turgid.—However inaccurate this ſpeculation may be, I depend on facts when I recommend the immediate application of a large bliſter to the whole head, whenever it appears morally certain that the diſeaſe has commenced, the facts above alluded to are theſe: Doctor Cullen of Edinburgh, whoſe remarkable ſagacity, and almoſt incredible ingenuity have long been the admiration of the medical world, has aſſerted in one of his Courſes of Clinical Lectures, delivered in the Univerſity of Edinburgh, that in one caſe of *Apoplexia Hydrocephalica*, the hiſtory of which he

he relates with accuracy, the patient was reſtored to health by means of the remedy here propoſed; he confeſſes however, that in others equally decided as to the cauſe, the ſame treatment had not ſucceeded.—It will alſo appear from the conſideration of caſes No. 14 and 22 of the Appendix, which I myſelf was concerned in, that the recovery moſt probably depended on the ſame application, managed according to Dr. Cullen's plan; the diſcharge being kept up by means of the *unguentum veſicatorium* for a conſiderable time after the bliſters had operated in the uſual manner; for in theſe two caſes, the active medicines adminiſtered were too inconſiderable in quantity, to claim any ſhare in the happy effects which attended the general treatment.—Perhaps the caſe No. 15 of the Appendix, may likewiſe be appealed to for additional proof of the efficacy of long

continued

continued diſcharges from the head by means of bliſters.

A circumſtance well deſerving attention occurred as a ſequel of the diſeaſe, in Nos. 14, and 15; of the children whoſe caſes are ſet forth in thoſe articles of the Appendix, the former after recovery, was for many months ſubject to conſtant, profuſe perſpiration from his head; and the latter, for ſeveral years after the primary diſeaſe was removed, had frequent and copious diſcharges of purulent and other fluids, from an eruption which affected his head and the adjacent parts.—This phænomenon is the more worthy of note, as the patients were two of the only three I have been acquainted with, who were ſo fortunate as to throw off the diſeaſe, after it had made a very alarming progreſs: concerning the ſtate of health which the perſon, whoſe caſe is ſtated in

No. 22, has enjoyed ſince his recovery, I have not been able to procure any information ſince he ceaſed to be my patient.

It is to be lamented however that, altho' like my reſpected preceptor, I can mention ſome inſtances of ſucceſs, probably ariſing from the repeated application of bliſters, like him alſo I am obliged to confeſs, that in ſeveral other caſes, the ſame mode of treatment, aſſiſted occaſionally by the uſe of other medicines, totally failed of giving relief: yet, in a diſeaſe ſo generally fatal, a remedy which has more than once been crowned with ſucceſs, ſurely ought not in any future caſe of the ſame nature, to be omitted.

IV. It is well known that ſetons, or iſſues made in the neck, or parts adjoining the head, have frequently been of ſervice

in preventing the recurrence of *Epilepſy*, *Apoplexy*, &c. when thoſe diſorders have manifeſtly ariſen from a morbid increaſe of blood flowing towards the brain: but in the *Apoplexia Hydrocephalica* it generally happens, that when once it's ſymptoms are clearly evident, their progreſs is too rapid to admit of our applying to ſetons or iſſues, for that dilatory relief, which might be expected from them in other caſes of diſeaſe depending on a ſimilar cauſe; it ſeldom therefore happens, that a practitioner can preſcribe them in the management of the diſeaſe now treated of, except in caſes where prevention, rather than immediate cure ſhould be his object.

For inſtance; in a family where one child or more ſhall have already died, affected by the uſual ſymptoms of *Apoplexia*

plexia Hydrocephalica; if on any ſubſequent occaſion, ſome other child ſhould complain of head-ach, coſtiveneſs, and weakneſs of ſtomach, none of them yielding to the uſual remedies for ſuch complaints; although matters do not immediately, and obviouſly become worſe, there is great reaſon to ſuſpect, that ſymptoms of a more dangerous tendency will by degrees unfold themſelves; here ſetons or iſſues may have time to operate with good effect, and therefore ought to be recommended. And in like manner it ſometimes happens, that where no family propenſity to the diſeaſe can be traced, ſymptoms, ſuch as thoſe juſt mentioned ſhall be obſerved; which however ſlowly they advance, by their obſtinacy threaten future miſchief: in ſuch caſes, the remedies, whoſe operation will be moſt permanent, viz. ſetons or iſſues, are perhaps

beſt

beſt adapted to the effectual relief of the patient.

V. The head ought undoubtedly at all times, while the patient is in bed, to be as much raiſed as ſhall be found conſiſtent with his eaſe; for when this precaution is attended to, the weight of the blood will in ſome degree mechanically counteract the *impetus*, with which it is driven towards the brain.

VI. As to the application of cold to the head, the remedy to which this article has a reference; I muſt confeſs it is rather a wiſh that it ſhould be tried, which has led me to propoſe it, than any experience I have had of it's good effects; for no caſe of this nature has occurred to me, in which the uſe of it has been adopted.—But if we may be allowed to reaſon from analogy, the

experiment

experiment ſeems to be juſtifiable; for it is certain, that the application of a clay-cap, or indeed of cold in any form, to the heads of phrenitic patients has been frequently recommended, and the practice has ſometimes been ſucceſsful.

VII. I HAVE been induced to mention pediluvium in this place, as one of the antiphlogiſtic remedies applicable to the firſt ſtage of *Apoplexia Hydrocephalica*, nearly by the ſame motives as thoſe which urged me to recommend the trial of the remedy treated of in the preceding article. The ſimilarity which I have endeavoured to prove exiſts between the cauſes of *Phrenitis*, and of the diſeaſe here particularly conſidered, ſuggeſted the idea of attempting to attack the proximate cauſe in the one caſe, by the ſame means as have ſometimes been effectual in the treatment of the other: when the uſe

of

of the pediluvium is propoſed, it is offered as a remedy ſingularly effectual in fevers for the diminution of head-ach, and for procuring reſt; both of them objects of great conſequence in the management of *Hydrocephalic Apoplexy* in it's firſt ſtage: but it muſt be confeſſed, that (whatever advantages may be expected from the uſe of the pediluvium at this period,) it ſeems to have been ineffectual, if not injurious, when the diſeaſe was more advanced, as appears by the report of caſe No. 11 of the Appendix.

HAVING thus, with all the accuracy I was maſter of, laid before my readers what has occurred to me with reſpect to the medical treatment of patients in the firſt, I ſhall proceed to point out what appears to be worthy of attention in the management of the ſecond ſtage of the diſeaſe.

HERE

Here it appears probable, that after the veſſels of the brain have been for a time oppreſſed by the exceſſive congeſtion of blood, they gradually loſe their tone; and in conſequence of their relaxation, the ſame change takes place with reſpect to the diſtribution of the fluids, which from a ſimilar cauſe produces Dropſy in other parts of the body: the aqueous particles are diſcharged too abundantly into the adjacent cavities, and the abſorbent veſſels, not leſs injured in their tone than the exhalants, are rendered incapable of removing the ſuperfluous ſerum.

We are generally enabled to mark this period by one or more of the ſymptoms, which have been ſet down in the hiſtory at large, as characteriſtic of the ſecond ſtage; thoſe which moſt frequently occur, are great irregularity of the pulſe, very

evident

evident ſtrabiſmus, ſtupor and general inſenſibility.—For the removal of theſe ſymptoms, our chief dependence muſt be on ſuch remedies, as by ſtimulating the abſorbent veſſels, may relieve the brain from the oppreſſion it labours under.—On this principle bliſters may ſtill be applied to the head with propriety, if they have not already been preſcribed at an earlier period.

Diuretics for the moſt part are uncertain in their effects; thoſe, which if they fail to increaſe the flow of urine, are often found to act as purgatives, are unqueſtionably improper medicines in this caſe; as they may diminiſh, rather than excite the action of the vaſcular ſyſtem. But amongſt all the remedies capable of giving the deſired ſtimulus to the abſorbents, mercurials ſeem to claim the firſt

rank: many watery collections in other parts of the body have been removed by the use of them, but they seem to be particularly indicated in the second stage of *Hydrocephalic Apoplexy*, since it appears, that of the few who have been known to recover from that disease, by far the greater number have taken mercury in one form or another; many of them to a very great extent, unattended by the usual effects on the salivary glands, which very inferior doses are known to produce in patients, not under the influence of this very singular disorder.

The above mentioned facts seem to have led some Physicians to a general conclusion, that the success attending the exhibition of mercury in this disease, may be expected to be proportional to the degree of salivation which the medicine excites.

cites.—Be this matter as it may, it is an eſtabliſhed truth, that mercury has ſometimes been of ſervice; it ought therefore without heſitation to be employed, and even in large quantities, by friction and every other poſſible mode of adminiſtering it. Doctors Percival and Dobſon, who firſt recommended this courſe in the *Medical Commentaries*, Vol. VI. page 219 and 224, were ſo fortunate in their firſt attempts, that the proſpect of a ſpecific remedy for this dreadful diſtemper ſeemed to open on the medical world; how far they have ſince ſucceeded is not aſcertained; as I believe no publication on the ſubject has appeared from the pen of either of them ſince they firſt communicated their diſcovery: but whatever ſucceſs may have attended the practice of others, I think it will appear clearly, from the detail given in the Appendix of nine caſes, in which it

was adminiſtered, that even the liberal uſe of mercury cannot be depended on as a ſource of relief. The patients it is true who recovered, did uſe this remedy in the form of calomel, but the quantity was ſo inconſiderable, when compared with the aſtoniſhing doſes which were taken without the ſmalleſt effect by others, that (as I have already ſtated in a former paragraph) it appears more reaſonable to attribute their cure chiefly to the diſcharge procured and maintained by bliſters.—Satisfied in my own mind that this was the fact, I confeſs I never did but once adopt the mode of uſing mercury, which is ſtrongly recommended by Doctors Dobſon and Percival, viz. the application of the ointment to the patient's head; for to this part I have rather wiſhed immediately to apply a large bliſter, than appropriate it to the purpoſe of mercurial friction, which probably may

 be

be performed on more remote parts with equal advantage; in one caſe however, No. 18, after the head had ceaſed to yield any diſcharge from the bliſtered part, a large mercurial plaſter was applied to it, and repeatedly renewed, but without effect.

After what has been ſaid in the firſt part of this Treatiſe, concerning the great irregularity which often prevails in the ſymptoms of the diſeaſe itſelf, and the proofs which have lately been given of the remarkable inactivity of mercury in the ſyſtem of patients affected by it, we ſhall be the leſs ſurprized to find, that the effects of other remedies, which have occaſionally been beneficial, are not eaſily to be accounted for.

Mr

My father once viſited, with another Phyſician, a patient who had many ſtrong ſymptoms of *Apoplexia Hydrocephalica*, at length proceeding to continued ſtupor; large doſes of the *flores zinci* were preſcribed, prodigious quantities of urine were ſoon afterwards diſcharged, and the patient recovered.—I have ſince ſeen the ſame remedy tried more than once without any effect.

But the queſtion will now naturally ariſe, if the diſeaſe is in it's latter ſtage confeſſedly a dropſy; and if diuretic remedies have ſometimes been of ſervice, why ſhould we not ſeek for aſſiſtance from the moſt powerful medicines of that claſs? many of them have certainly been employed, and I fear in general as ineffectually as thoſe of any other deſcription; the *Digitalis purpurea*, however, had not I believe

believe been preſcribed with this view, until it was adminiſtered under my immediate inſpection to a patient, whoſe caſe is related in No. 17 of the Appendix; it did not at all relieve him from the diſtreſſing ſymptoms of his diſeaſe; but it fully anſwered my expectations of it's diuretic qualities, which were here as evident, as in ſome other caſes, in which I have had recourſe to it; the particulars of thoſe, as well as the general account of the ſucceſs which has hitherto attended my experiments on it, are annexed to this Treatiſe, which I ſhall now conclude with a few obſervations concerning the moſt rational mode of prevention.

In this part of the treatment, (if I am not much miſtaken) infinitely greater confidence may be placed, than in the beſt directed

directed efforts to ſubdue the diſeaſe, when it's exiſtence can be aſcertained.

CONSTANT moderate exerciſe, and a temperate diet, with the occaſional uſe of purgatives, if the patient is naturally coſtive, will, it is apprehended, frequently prevent that tendency to fulneſs in the veſſels of the head, which has been already mentioned as a circumſtance, uſually to be obſerved in children who have been attacked by *Hydrocephalic Apoplexy*; and in addition to theſe general cautions, if a child of a family, wherein there is ſuſpicion of a tendency towards this diſorder, is often affected with head-ach, however ſlight, where no cauſe can be aſſigned for it; it is highly proper to procure without loſs of time a diſcharge from parts near the head by means of bliſters, which may be from time to time renewed at proper intervals,

intervals, if the ſymptom does not abate; or perhaps the more effectual mode would be by means of a ſeton in the back of the neck: to this there can be no objection where the patients are males, but it is often difficult to perſuade mothers to conſent to this operation upon their daughters, being almoſt univerſally repugnant to it, on account of the cicatrix which a ſeton ſometimes leaves behind it.

Lastly, it has occurred in three or four inſtances, that I have been conſulted on the beſt mode of prevention, when the ſubjects (being children of parents who had already loſt ſome of their offspring by this diſeaſe,) were liable to a frequent bleeding at the noſe; now from what has been already ſaid concerning the origin of *Apoplexia Hydrocephalica*, I have thought myſelf juſtifiable in giving poſitive direc-

tions never to uſe any means towards checking ſuch an hemorrhage; in children it is ſeldom conſiderable in quantity, and therefore can do no harm, and I rely on the juſtice of the principles herein laid down, for my belief that it may be ſalutary.

OBSERVA-

OBSERVATIONS

On the Uſe and Effects of the Fox Glove, *or* Digitalis Purpurea *in Dropſies.*

DURING my reſidence at Edinburgh in the year 1779, an account was given to the Royal Medical Society, of the ſingular ſucceſs which had attended the exhibition of the *Fox Glove* in hydropic caſes, under the inſpection of Dr. Withering of Birmingham: in conſequence of this information, an infuſion of the leaves was ſhortly afterwards preſcribed for a patient, on whom it had not evidently any diuretic effects, but excited much nauſea, and giddineſs in the head.

The event of this experiment, and the reports afterwards circulated, that the medicine was very frequently uſed in Scotland with no better ſucceſs, deterred me from making any trial of it in this kingdom, until the year 1786, when the recent publication of Doctor Withering's Obſervations, pointed out the moſt efficacious mode of preparing it, and likewiſe aſcertained the doſe which might be preſcribed with ſafety, if not always with ſucceſs.

The great reſpect I had for the abilities and integrity of the learned Author, as well as of thoſe amongſt his correſpondents, with whom I had been perſonally well acquainted, gave me hopes, that by ſtrict attention to the ſelection of proper plants, the preparation of the medicine, and the regulation of the doſe, I might have the good fortune to ſucceed, as well

as

as Dr. Withering and his friends, in my experiments on a medicine, which in their hands appeared to be almoſt a ſpecific for the dropſy.

My ſituation as Phyſician to two Hoſpitals, the one deſtined for the reception of the ſick ſoldiers of the Garriſon of Dublin, generally conſiſting of five regiments of infantry, and one of cavalry; the other for that of the ſick of 400 reſident invalids, ſhortly afforded me opportunities of adminiſtering the *Digitalis*, of which I collected a conſiderable quantity for my own uſe, at the ſeaſon recommended by Dr. Withering; and diſtributed it likewiſe amongſt my medical friends, whenever they applied for it.

In the third part of the Appendix will be found ſome notes taken during my attend-

ance

aſſee on eleven patients, who uſed the *Digitalis* under my immediate inſpection. The caſes now publiſhed are ſelected from a conſiderably larger number, becauſe they afford ſatisfactory examples of the various degrees in which the medicine has been efficacious, or inactive. Of the eleven patients three were completely cured; one of them, viz. No. 28, moſt unexpectedly indeed. Of the others ſome received temporary relief from the diuretic quality of the *Foxe Glove*; although where the patients ſuffered a relapſe, the medicine appeared to have loſt it's former powers. The remaining hiſtories ſerve as proofs that the ſame remedy, which in ſome caſes has almoſt performed miracles, does in others apparently ſimilar, either produce no effect at all, or give riſe to ſymptoms ſo untoward, as to induce a cautious Phyſician

Phyſician to deſiſt from the further uſe of it.

The evidence lately given by Dr. Lettſom, *in the Memoirs of the London Medical Society*, Vol. II. is undoubtedly very much at variance with the commendations beſtowed on the *Fox Glove* by Dr. Withering.—On the one hand, we are preſented with a moſt melancholy detail of unfortunate experiments; on the other we are informed that the remedy ſeldom fails to effect a cure.—The following concluſions, however they may differ in ſubſtance from the ſentiments of either of the above mentioned gentlemen, appear to me to be juſtified by the facts ſtated in my narrative of the caſes, which ſuggeſted them. Vide Appendix, Part III.

1. Dropsies, though sometimes removed by other means, are most frequently cured by diuretic remedies.

2. All diuretics are uncertain in their effects; what is diuretic in one case, and under certain circumstances, being purgative, or diaphoretic in others.

3. The *Fox Glove*, with every precaution of selection, preparation, and regulation of the dose, is perfectly ineffectual in a large majority of cases, where it's diuretic effects are wished for.

4. But in some cases it is most singularly effectual; and generally where the patients are exceedingly exhausted.

5. By due attention to the necessary precautions, it is in the power of the Physician

ſician to prevent miſchief from too extenſive a uſe of it, by deſiſting when it produces bad effects.

6. Therefore in all hydropic caſes, if other approved remedies have been ineffectually applied, the Fox Glove ought to be uſed—but with diſcretion.

To theſe aphoriſms I ſhall only add, that a remarkable circumſtance occurred in caſe No. 23, not taken notice of by Doctor Withering or his correſpondents, which is that after I had deſiſted from the uſe of the *Digitalis*, in conſequence of the ſwelling of the abdomen having nearly ſubſided, and the medicine apparently producing a nauſea, the patient was for ſome weeks afflicted with a conſtant diſcharge of limpid water from his mouth, amounting on ſome days to a great degree

of ſalivation.—My friend Mr. Renny, Surgeon to the Royal Hoſpital, obſerved the ſame appearance of ſalivation, attended with a diminution of ſwelling, in an old man of a worn out conſtitution, who had taken the *Digitalis* for an hydropic complaint: neither his patient nor mine had taken mercury for a long time before recourſe was had to the *Fox Glove*. —It is poſſible the diſcharge by the ſalivary glands might have been very ſerviceable to my patient No. 23, in preventing a freſh accumulation in his thorax, as the man continued to be perfectly healthy after the ſalivation gradually ſubſided, and his ſtrength was recruited by good food and tonic medicines; as to Mr. Renny's patient the ſalivation was only of temporary ſervice; his conſtitution was too much reduced to be effectually relieved by any

any thing, and I believe he died not long afterwards.

I SHALL conclude this part of my ſubject with an hint to every Phyſician, who wiſhes to make uſe of medicines ſo powerful, as to admit of their being exhibited only in very ſmall doſes, and of courſe miſchievous if given in larger quantities; it is that very particular attention be paid to the ſelection of the remedy if it chance to be an indigenous production; I confeſs I have been ſo cautious in this point with regard to the *digitalis purpurea*, that I never have uſed any which I did not collect with my own hands; the plant in queſtion is not to be found in many counties of England, or of Ireland; for the botanical characters of it, I refer my readers to Linnæus, and more particularly to Dr. Withering's publication,

to

to which a coloured engraving is prefixed, ſo accurate as to make the moſt ſuperficial botaniſt acquainted with the appearance of the plant; for the information of my medical brethren in Ireland, it will perhaps not be thought amiſs to obſerve, that it grows in great abundance between Dunleer and Dundalk: in all the mountainous parts of the county of Armagh: from the paſs called the Scalp, in the county of Dublin, onwards towards the Water-fall: and in great perfection in the county of Wexford, near Gorey; and I make no doubt in many other parts of the kingdom, which I have not had an opportunity of viſiting; if I were to make a conjecture as to the comparative efficacy of different kinds I have tried, I ſhould prefer that which grows on the pooreſt ſoil, and is leaſt luxuriant in the ſize of the leaves.

APPEN-

APPENDIX.

THAT the chain of facts and arguments in the foregoing pages might not be broken in upon, by the occaſional introduction of Caſes and Extracts into the body of the work, I have thrown together all ſuch documents into an Appendix, arranged under three diſtinct heads; the firſt containing a few hiſtories, not hitherto publiſhed, of Caſes wherein the *Hydrocephalus*, properly ſo called, evidently exiſted.

IN the ſecond Claſs are recorded ſeveral caſes of *Apoplexia Hydrocephalica*, which fell

fell within my own obſervation, a few communicated to me by my father, and likewiſe extracts from *Morgagni*, *Borellius*, and *Epiphanius*, which appeared to me applicable to the ſubject.

In the third Claſs the reader will find the reſult of ſome of the trials I made with the *digitalis purpurea*, for the relief of hydropic patients.

With reſpect to ſome of the extracts given in the ſecond Claſs of Caſes, it muſt be obſerved, that as that able Phyſician, and Anatomiſt *Morgagni* declares, he had no opportunity of attending to the whole progreſs of the diſeaſe in ſome of the ſubjects, and did not accurately inſpect others until a ſhort time before death; the appearances on diſſection are what chiefly entitle the extracts from his work to a place

place in this Appendix; though at the ſame time I conceive, that the ſymptoms related in thoſe caſes, wherein the progreſs of the diſeaſe was at all attended to, are ſuch as fully juſtify me, in ranking the hiſtories I have ſelected from his book, in the ſame Claſs with others of a more recent date, where the ſymptoms and the diſſections leave no room for doubt as to the nature of the complaint.

APPENDIX,

PART THE FIRST.

Containing Cases of Hydrocephalus, properly so called.

CASE I.

Communicated by an eminent Surgeon in Dublin.

"—— —— was born with a "very large head, but ſeemed well in "health, increaſed in ſtrength, and grew "fat.—The head ſoon became ſo unna-

"turally

" turally large, and the features were ſo
" much altered, as to leave no doubt con-
" cerning the nature of the diſeaſe; the
" child however increaſed in ſize, grew
" ſtrong in his limbs, and took food: he
" could both hear and ſee well, and ſo
" continued until he was eighteen months
" old; he then died ſuddenly, without
" any convulſive attack.

" On opening the cranium, more than
" five quarts of very limpid water were
" found within it, there was not the
" ſmalleſt trace of membrane or brain,
" except oppoſite the orbits and meatus
" auditorius, where ſomething like me-
" dulla ſtill remained."

CASE II.

Communicated by Doctor Henry Quin.

"——— a boy aged ſeven "years had been ſcrofulous, and com- "plained of violent excruciating pains in "his head for above three years; his head "during that time gradually increaſed in "ſize, ſo as nearly to equal that of an "adult.—By degrees his limbs were con- "tracted, ſo that he could not extend his "legs; the ſpine became curved, and his "head was thrown backwards, as in an "*Opiſthotonos*:—His underſtanding ſeemed "alſo to be impaired, and his ſpeech be- "came remarkably ſlow and drawling.— "When I viſited him, viz. October 10th, "1768, he had a blackneſs round his

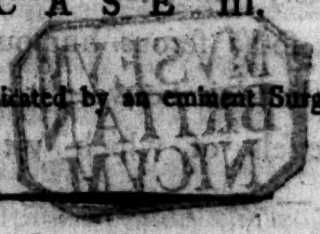
"eyes,

" eyes, and his pulſe was immeaſurably
" quick.—The next day he died—On re-
" moving the ſcalp, the ſutures appeared
" as if drawn aſunder, and ſeparated from
" each other by the diſtending force of the
" contents of the cranium, which en-
" larging daily, required more ſpace than
" the natural ſize of the ſkull afforded.—
" By this protruſion the *Fontanel* remain-
" ed open, and the ſkull was rendered
" extremely thin; on opening the *dura*
" *mater*, ſome ſerous humour iſſued out,
" which had lain between it and the brain,
" the veſſels of which were extremely
" turgid.—On opening into the left ven-
" tricle, above a pint of a remarkably
" bright limpid fluid, like the moſt pure
" water, flowed out, on which the right
" lobe of the brain ſubſided, and its ven-
" tricle was found empty; both ventricles
" communicated with each other."

IN this case it is remarkable, that the patient was never affected with the least degree of lethargy, or drowsiness; and that his pulse was remarkably quick. It is to be observed, that during the whole of his illness, nay indeed of his life, he had a very great appetite, and drank (for his years) a large quantity of wine.

CASE III.

Communicated by an eminent Surgeon.



"IN the year 1764, I was called "to see the child of ———, it was then "three days old, had not taken any "nourishment, and was in a lethargic state; "the head at least one third larger than "the

" the natural ſize—it died that night; on
" opening the head I found it contained
" near one quart of clear water, there
" were ſcarcely any appearances of mem-
" branes or nerves, the ſkull was not form-
" ed, and oſſification had only commenced,
" ſo that it is probable this diſorder began
" very early."

APPEN-

APPENDIX,

PART II.

Caſes of APOPLEXIA HYDROCEPHALICA, collected from the Works of Medical Authors, and other Sources.

CASE IV.

Vide Petri Borelli Hiſtoriæ et Obſervationes Medico Phyſicæ, Edit. Francof. A. D. 1676, Obſervat. xxxviii.

« *MARIA Cueillere, puella*
« *duodecim annos nata, temperamento pitui-*
« *toſo et pingui habitu prædita, anno* 1648,
« *menſe*

" *menſe Maio, maximo dolore fixo verticis*
" *laboravit per 4 menſes; vocatus fui ad*
" *ejus curam, eam fere ſine febre inveni,*
" *ſed omnia alimenta rejicientem, aquâ au-*
" *tem ſolâ, cum ſaccharo per multos dies vi-*
" *tam traduxit, de nullâ enim aliâ re, præ-*
" *ter de dolore futuræ coronalis conquereba-*
" *tur. Remedia omnia quæ mihi utiliora*
" *viſa fuerunt, admovenda curavi, phlebo-*
" *tomia brachii celebrata fuit, inunctiones*
" *et fotus partis dolentis, &c.—Sed omnia*
" *ſine ullo levamine, nullus tamen aderat*
" *tumor vel rubor, tandem ad remedia effica-*
" *ciora deveni, et veſicantia præſidia pone*
" *aures, et occipitio admota fuerunt, quibus*
" *cum non levaretur ipſi parti dolenti, etiam*
" *potens veſicans applicandum eſſe cenſui,*
" *quod cum pari ſucceſſu peractum fuit,*
" *tandem cucurbitula cum ſcarificatu, et ul-*
" *timò cauſticum potentiale regioni dolenti*
" *applicata, nihil profuerunt. Mens adhuc*

" *et*

" *et ſententia mea erat crucialem celebrare*
" *inciſionem, imo et trepano uti, ſed mors*
" *finem miſeriis et doloribus ejus, antequam*
" *hæc remedia celebrarentur, impoſuit.*

" *Tandem morte hac auditâ, cauſamque*
" *ejus agnoſcere cupiens, ut poſteritati res*
" *adeo admiranda transferri poſſet, parentes*
" *renuentes exoravi, eorumque amicos, dicens*
" *caput puellæ aperiendum eſſe, non ſolum*
" *ad morbi cognitionem, ſed etiam ut cæteris*
" *familiæ, ſi eodem morbo quandoque detine-*
" *rentur utile foret. Apertum ergo fuit*
" *caput puellæ, me præſcribente, omniaque*
" *optime conformata, et ſine corruptione,*
" *(præter ſpem tamen) reperta ſunt; exiſtima-*
" *veram enim pus copioſum intus latere, præ-*
" *cipue quoniam paulo ante obitum, per ocu-*
" *lum dextrum purulentum aliquid emiſiſſet,*
" *ſed cum de cauſâ agnoſcendâ deſperaremus,*
" *dum curioſitatis gratiâ rete mirabile et*

" *alias*

" *alias partes chirurgus discipulis suis de-*
" *monstrare voluisset, digitis abscessum rupit*
" *natibus et infundibulo cerebri inhærentem,*
" *e quo statim aqua clarissima, cum impetu,*
" *et ad libras duas exivit, quasi e fonte sca-*
" *turiens, et in altum prosiliens.——Non*
" *parum potuit ad hunc morbum conferre quod*
" *quinque vel sex ante morbum mensibus,*
" *scabiem capitis passa erat puella nostra, et*
" *male a monachis quibusdam curata re-*
" *pellentibus remediis, et unguentis frigidis*
" *fuerat.*"

CASE V.

Vid. Morgagni de Cauſis et Sedibus Morborum, Edit. Venet. A. D. 1761, Epiſtol. 1ma. Artic. 2da.

" PUER annos tredecim natus " perſpicaciori ingenio præditus, cujus ſoror, " fraterque ex phthiſi interierant, cum ipſe " anno ſuperiore pulmonis ſiniſtri inflamma- " tione laboraſſet, corripitur dolore capitis, " ſupra oculos, atque horum etiam dolore, " circa quos viſcida effluebat materia; poſ- " tridie delirat, oculos in adſtantes defigit, " nonnihil viſcidi evomit. Deinde ex im- " proviſo convulſionibus præhenditur, a qui- " bus in affectionem quaſi ſoporoſam incidit; " ſæpius tamen convulſione cum difficili re- " ſpiratione

" *ſpiratione conjunctâ excitatur. Denique*
" *moritur——. Cranio exſecto dura me-*
" *ninx ad ſanguiferorum vaſorum latera in-*
" *venta eſt cinereo colore infecta.—Dum au-*
" *tem hæc a criſtâ galli ut vocant avellendo*
" *abrumperitur, paululum erupit ſeri ſanio-*
" *ſi; ſeri autem limpidi quaſi uncia inde*
" *exivit, qua ferebantur nervi optici.*"

CASE VI.

Morgagni eadem' Epiſtol. Artic. 14ta.

" *MULIERIS diſſecui caput*
" *ineunte anno 1717, affecta primum vene-*
" *reâ lue, hinc febre cum atrocibus capitis*
" *doloribus, et delirio correpta fuit; et ex*

" *his*

" *his in Nosocomio Patavino decesserat.—*
" *Hujus exsectum cranium, alicubi appa-*
" *ruit ex rubro nigricans. Duræ autem*
" *meningis ea pars, quæ superne mediæ re-*
" *gioni sinus lateralis dexteri proxima erat,*
" *multo crassior facta, cum altero meninge*
" *atque adeo cum cerebri substantiâ omnino*
" *coaluerat, erantque hæc tria in eo loco semi-*
" *putrida, et lurido quodam colore, ex sub-*
" *flavo cinereo, in corticali præsertim cerebri*
" *portione, deturpata.—Quinetiam extima*
" *cerebelli subjecti substantia, quanquam ad*
" *minorem tractum, ad duos videlicet trans-*
" *versos digitos, cum meninge utrâque adeo*
" *coaluerat, ut cum e duræ cavo cerebellum*
" *extraherem, hujus ibi substantia duræ me-*
" *ningi adhærens, relicta sit.—Porro cerebri*
" *vasa per tenuem meningem repentia, æquo*
" *latiora conspiciebantur, nigroque sanguine*
" *distenta, qualis et in duræ sinibus fuit.—*
" *Per medullarem autem cerebri substantiam*

" *assulatim*

" *aſſulatim diſſectam, crebra paſſim, et evi-*
" *dentiora quam ſoleant, ſanguifera vaſculæ*
" *ſe oſtendebant.—Laterales ventriculi aquâ*
" *pleniſſimi ſubfuſcâ, quo colore et eorum*
" *facies infecta erat.—Denique pinealis*
" *glandula firmior, et major, et albidior*
" *quoſdam quaſi loculos intus habere viſa eſt.*"

CASE VII.

Vid. Morgagni de Cauſis & Sedibus, &c. Epiſt. vi. Art. 6.

" *A Doleſcentulus annorum quin-*
" *decim, vertigini obnoxius, ex improviſo in*
" *terram cadit, ſuppreſſis omnium ſenſuum*
" *functionibus.—Poſt horam ad ſe redit,*
" *linguæ motu nonnihil læſo.—Paucis poſt*
" *diebus*

" *diebus in febrem incidit acutam, cui ſopo-*
" *roſa affectio ſupervenit, cum levibus mo-*
" *tibus convulſivis.—Facies rubet, tandem*
" *moritur.—Multum ſeri in cerebro ſtag-*
" *nantis invenitur.*"

CASE VIII.

Vid. Morgagni de Cauſis, &c. Epiſt. vi. Art. 8.

" *VIR ebrioſus, qui ad annum*
" *accedebat ſexageſimum, febre acutâ la-*
" *borans, in noſocomium ultimo duntaxat*
" *morbi tempore illatus, hebes jacebat, ut in-*
" *terrogantibus vix reſponderet.—Stragula*
" *ſæpius abjiciebat, quaſi ingenti urereiur*
" *calore, qui ſi tangeres vix tepidus, imo*

" *ad*

" *ad extrema corporis frigidus percipiebatur.*
" *Pulſus interdum omnino latebat; interdum*
" *prodibat; ſed durus, parvus, intermittens;*
" *reſpiratio tamen erat naturalis; per hæc*
" *noviſſimis tranſactis diebus, prope quartum*
" *decimum eſt mortuus.—Cranio recluſo,*
" *dum craſſa meninx inciditur, et dum ce-*
" *rebrum eximitur, limpidum, ſed non mul-*
" *tum prodit ſerum: ſub tenui quoque meninge,*
" *quæ leve inflammationis præbebat indicium,*
" *ſulci qui inter cerebri aufractus deſcen-*
" *dunt, eodem manabant ſero; denique in*
" *lateralibus ventriculis aliquantum ſeri, co-*
" *lore ſanguineo infecti repertum eſt.*

CASE

CASE IX.

Vide Epiphanii Ferdinandi Hiſtoriæ Medicæ, Edit. Venet. 1621, Hiſtor. xviii.

" *A. D.* 1599, *Menſe Junii*
" *Joan: Baptiſta Simeon Meſſapienſis,*
" *puer decimum tertium annum agens,*
" *temperamento alioquin calido & humido,*
" *incidit tempore anni calidiſſimo in in-*
" *gentiſſimum capitis dolorem, præſertim*
" *ſecundum poſticam ejus partem et frontem.*
" *Dolor erat gravativus, et ex phlogoſi po-*
" *tius proveniebat, quam ex verâ inflamma-*
" *tione cerebri, ejuſque membranorum, et*
" *partium adjacentium. Hæc* 1ma. *morbi die;*
" *aderat febris non acuta ſed ignava potius,*
" *vigiliæ,*

" *vigiliæ, pulſus rari, urinæ ſalubres, et*
" *rectè coloratæ, anxius tamen erat, caput*
" *incaleſcebat ad tactum.* 2da. *die eadem, et*
" *oculi dolebant*; 3tia. *clauſit dextrum oculum*;
" 4ta. 5ta. & 6ta. *eadem ſymptomata*; 7ma.
" *clauſus fuit ſiniſter oculus, dolores capitis*
" *acerbi et maximi*; 11ma. *peſſimè habuit*;
" *ſemper enim ob doloris vehementiam for-*
" *titer clamabat*; 14ta. *viſus eſt melius habere*
" *ex dolore, ſed penitus non videbat ex am-*
" *bobus oculis, nihil tamen in ipſis apparente,*
" *pupilla tamen mihi aliquantulum dilatata*
" *videbatur.——Sanus ex dolore, ſed in-*
" *fauſtum ſymptoma, videlicet cæcitas reman-*
" *ſit, quæ nullis medicamentis potuit expug-*
" *nari.*"

THE train of ſymptoms recorded in the above caſe, drawn up nearly 200 years ago, I ſubmit to the conſideration of my brethren of the preſent day; *Epiphanius*

gives the above hiſtory to the world as that of a patient, labouring under the *Amauroſis*, or *Gutta Serena*; yet I cannot poſſibly doubt but that the Phyſicians of this age, who are aware of the various ſymptoms which ariſe in the diſeaſe of the head, firſt ſpecifically deſcribed by Doctor Whytt, will on comparing his account of *Hydrocephalus* with the hiſtory juſt now given, decide with me, that the blindneſs was but the conſequence of a morbid accumulation in the brain.—That the accumulation was ſuch as I have endeavoured to prove is the primary cauſe of watery effuſion within the ventricles, will appear highly probable, when the remedies uſed for the relief of the patient, as hereafter quoted, are duly conſidered:—Before I proceed to recite *Epiphanius's* mode of treating the above caſe, I cannot avoid obſerving, that the ſymptom, viz. blind-

neſs

neſs which remained in his patient, renders the caſe ſomewhat analogous to that of Maſter ——, Caſe 15, whoſe ſituation was very accurately attended to by two moſt eminent Phyſicians; and the ſymptoms by them pronounced beyond a doubt to indicate the exiſtence of what is called in the foregoing pages *Apoplexia Hydrocephalica.*

I NOW add the mode of cure adopted by Epiphanius.—" *Statim facta fuit ſanguinis* " *miſſio ex mediâ, nam hæc magis apparebat—* " *et licet Galenus ubique locorum dixerit, pueros* " *non eſſe phlebotomandos niſi pertranſierit* " *decimus quartus annus; tamen quoniam hic* " *puer erat prægrandis, et validas habebat* " *vires, et erat peccatum in ſanguine, et* " *morbus magnus, viriumque robur, fuit* " *facta ſectio venæ——tertiâ die iterum fuit* " *ſecta vena capitis in ſiniſtro brachio; ſan-*

" *guis*

" *guis non erat putridus, ſed aduſtus; quintâ*
" *fuere cucurbitulæ ſcarificatæ ſpatulis* ad-*
" *motæ; ſextâ hirudines naribus, et octavâ*
" *fuit facta venæ ſectio in fronte, cucurbitu-*
" *lis non ſcarificatis ſpatulis, et ligaturis*
" *ſæpiſſime utebatur pro capitis dolore aufe-*
" *rendo.——Sed dum hæc exercebantur, ecce*
" *pejor priori novus pullulavit affectus præter*
" *naturam, videlicet cæcitas ſeu gutta ſerena*
" *circa undecimam diem; cui ſtatim, nullâ*
" *interpoſitâ morâ, maximopere incumbuimus,*
" *dubitantes ne figatur humor, et incurabilis*
" *fiat affectio, et ita evenit. Statim igitur*
" *ut hoc ſymptoma apparuit, Scil: de ſero*
" *undecimæ diei, facta fuit venæ ſectio ex*
" *temporibus, et ex angulis oculorum, fuit-*
" *que admota cucurbitula magna ſcarificata*
" *occipitio, et cauterium in nuchâ, quamvis*

* *Spatula* is by ſome barbarous Medical Writers, as well as the Author of the above deteſtable jargon, uſed inſtead of *Scapula*.

" *ſetaceum*

" *ſetaceum propoſuimus, ſed languens renuit.*
" *—Devenimus ita urgente neceſſitate ad*
" *ſinapiſmos cincipiti, et veſicatoria eidem*
" *parti, et occipiti.——*

" *Denique ut omnem lapidem moveamus,*
" *ac nihil intactum derelinquamus, deveni-*
" *mus ad illum excellens collyrium, quod*
" *tanti facit Galenus.——*

" *Verum proh dolor, omnia fuerunt ir-*
" *rita.*"

CASE

CASE X.

Communicated by Doctor Henry Quin.

"MASTER ——, aged "nine years, of a ſcrofulous habit, had "often been ſeized with an inability to "utter: a ſcrofulous fiſtula appearing un- "der his right eye, with a ſmall *caries* "of the bone of the orbit, he was ſent "to the ſalt-water.—At the end of ſome "months, in Auguſt 1768, he was at- "tacked with an epileptic fit, and imme- "diately afterwards complained of pain in "his head, became feveriſh, and vomited "for ſome days almoſt conſtantly, being "withal drowſy. He was bled, a bliſter

"was

" was applied between the ſhoulders, and
" he was purged with the *oleum ricini*,
" which brought off ſtools that were ex-
" tremely bilious, by which he ſeemed to
" be relieved; raved leſs, complained leſs of
" pain in his head, and vomited leſs fre-
" quently, viz. but twice in twenty-four
" hours, and what he threw up was fre-
" quently bilious.

" ABOUT the 11th day he was in
" this ſtate, with ſuch an abatement of
" quickneſs in his pulſe, as would in-
" duce a Phyſician (if that circumſtance
" only were attended to) to pronounce his
" fever to be ſubdued. I judged diffe-
" rently of this; and declared it to be a
" morbid ſlowneſs of pulſe; for I ſtill ob-
" ſerved him drowſy and ſtupid, his ſkin
" was ſtill very hot, his vomiting had not
" ceaſed, and the following night he rav-

" ed

" ed much, and appeared more than uſual-
" ly diſtreſſed. On the 12th his pulſe was
" ſtill ſlower, and his ſtupor greater.—A
" bliſter was applied to the occiput; his
" friends were advertiſed of his danger,
" and he died at night.

" ON opening his head a conſiderable
" part of the orbit of the affected eye was
" carious, and a large ſebaceous tumor was
" formed behind the fiſtula, which opened
" externally.——Innumerable exceedingly
" ſmall hydatids, of the ſize of grains of
" muſtard-ſeed, were formed on the coats
" of all the blood veſſels on the ſurface of
" the brain, and a larger than natural
" quantity of ſerum was found in the
" ventricles."

CASE

CASE XI.

Communicated by Doctor Henry Quin.

"——, a young lady aged "ten years, was obſerved for about eight "or ten days to be very heavy, and be- "came coſtive, as ſhe had been formerly "ſubject to worms, and often relieved by "the uſe of common ſalt, ſome of it was "now given to her, but without effect. "She ſoon afterwards complained of gid- "dineſs and double ſight, and was often "attacked by violent pain in the fore-part "of the head: under theſe circumſtances

"I first visited her Nov. 30, 1771, and "found her pulse slow, unequal and in- "termitting, her skin temperate, her "tongue clean, her eyes clear, and her "face at that time had all the bloom of "apparent health, though in the progress "of the disorder her skin acquired a mud- "dy hue; her breath was very strong, her "urine generally loaded with a lateritious "sediment.

"In order to purge her, large doses of "*oleum Ricini* were given, but without "effect. The *infus: sennæ cum mannâ et "sal: Rupellens:* answered somewhat bet- "ter, but not without the assistance of an "injection: the stool procured by these "means was of a deep bilious colour, and "very fœtid. The pain in her head "(which always increased after sleep) "becoming more constant and violent,

"some

" ſome blood was drawn; the ſerum was " apparently bilious, the craſſamentum " not inflamed. A vomit of *vin: Ipecac:* " *et vin: Antimon: ſingul: unc: i.* brought " nothing foul off her ſtomach, but procur- " ed a copious bilious ſtool; notwithſtand- " ing this, the head-ach increaſed ſo " much, that it was thought neceſſary to " repeat the bleeding; the ſerum was now " leſs bilious than at firſt, and the craſſa- " mentum had ſome appearance of a buffy " coat. A purgative mixture of jalap " and nitre given in broth, and after- " wards, a ſtimulating injection with *aſſa-* " *fætida*, brought off two large ſtools ex- " tremely bilious and ſlimy; after which " ſhe ſeemed to be relieved.

" THE very bilious ſtate of her evacua- " tions induced me to order a ſaline mix- " ture, with three grains of tartar emetic

" to

"to eight ounces; this had not any ſen-
"ſible effect. Her giddineſs and pain re-
"turning, and ſome tendency to delirium
"being obſerved; her pulſe alſo becom-
"ing more uniformly quick, and leſs in-
"termitting, and the heat of her ſkin in-
"creaſing; a bliſter was applied between
"her ſhoulders, her bowels being previ-
"ouſly opened by means of the purging
"powders.—A ſtrong infuſion of *Valerian*,
"with tincture of *Valerian* and ſtibiated
"tartar, ſeemed to render her leſs reſtleſs,
"and more inclined to ſleep; ſhe con-
"ſtantly however lay on the right ſide
"when aſleep, and in this ſituation the
"left eye appeared but half cloſed.—Her
"preference for acids was manifeſt, al-
"though ſhe ſeemed to have no thirſt.—
"Her ſkin hitherto had remained quite
"dry, and her feet were often very cold.
"The quickneſs of her pulſe, the heat of

"her

" her ſkin, and more conſtant delirium, ex-
" hibiting very evident ſymptoms of fever,
" her parents determined to give her
" *James's Powder*. The third part of a
" paper was firſt given; afterwards one-
" half, and then two-thirds of a paper,
" but without the leaſt effect.—A ſtupor
" now began to affect her, ſhe became
" leſs apprehenſive, her right eye became
" more prominent than the left, and the
" pupils of both much dilated; they ſuf-
" fered no contraction when a ſtrong light
" was brought before them.—It was now
" agreed on, that the *James's Powder*
" ſhould be omitted, and the purging pow-
" ders repeated: they procured a large
" watery ſtool, which ſhe paſſed inſenſi-
" bly.—A bliſter was then applied to her
" head, and a mixture with muſk given;
" her ſtupor ſtill increaſing, Doctor Smyth
" was called in.

" As

"As during the whole courſe of the "diſeaſe ſhe had ſcarcely ſweated, not- "withſtanding that ſtupes had been ap- "plied to her legs, and heated bricks to "her feet, a ſemicupium was directed; "a clyſter with *tinctura ſacra* was preſcrib- "ed to be injected on her coming out of "the bath, and to be followed by the ap- "plication of a leech to each temple; the "muſk mixture to be continued.—She "bore the bath well, and ſpoke a few "words whilſt in it; but this as well as "the other operations were of no material "ſervice.—In the evening her counten- "ance was of a purpliſh red, the pupil of "the right eye was ſomewhat contracted, "and ſeemed to have ſome ſmall degree "of mobility.—That of the left very much "dilated and immoveable.

"WHILST

"WHILST the right arm and leg re-
"mained motionleſs, and the fingers con-
"tracted, (as in an *Hæmiplegia*) the extre-
"mities of the left ſide were in conſtant
"motion; her breathing was extremely
"quick and difficult, her pulſe low and
"quick, and ſhe could not ſwallow; in
"this ſtate ſhe remained until morning,
"when ſhe recovered the power of ſwal-
"lowing, and breathed more freely; on
"the evening of December 12th the fluſh-
"ing of her face returned, with inability
"to ſwallow, and every other deadly
"ſymptom: ſhe died next morning."

IT is remarkable in this caſe, that both eyes were at firſt equally affected, the pupils of both being morbidly dilated; but two days previous to her death, while the extremities of the right ſide were evidently paralytically affected, the eye of that ſide

ſide ſeemed to have recovered ſome degree of ſenſibility; but although the arm and leg of the oppoſite ſide enjoyed full power of motion, the eye was completely inſenſible.

CASE XII.

"I C——, a girl aged ten "years, of a cheerful temper, and un- "commonly ſenſible for her age, about "the middle of January 1780 began to "loſe her appetite, and appeared leſs "ſprightly than uſual; ſhe often com- "plained of chillineſs, and at times, eſpe- "cially in the evenings, vomited on tak- "ing

" ing food. On the 30th her forehead
" was ſlightly bruiſed by an accidental fall,
" and on the 31ſt ſhe complained of
" head-ach, which increaſed on the 1ſt of
" February, and became ſo ſevere on the
" 2d as to confine her to her bed; from
" that day it continued without intermiſ-
" ſion to be almoſt intolerable, attended
" with vomiting of every thing ſhe ſwal-
" lowed. On the 5th, when I firſt ſaw
" her, beſides the head-ach, ſhe complain-
" ed of ſevere pains in her breaſt and
" belly; ſhe had no ſtool ſince the 1ſt,
" her urine was paſſed in ſmall quantities,
" and with difficulty. Her eyes appeared
" heavy and ſomewhat intolerant of light;
" but without ſuffuſion, and the pupils
" contracted well. Pulſe about 70 in a
" minute, rather full, and ſlightly irregu-
" lar; ſhe lay conſtantly on her left ſide,
" and was perfectly diſtinct in all her an-

" ſwers. She was immediately ordered to
" take five grains of *calomel* triturated
" with ten of *jalap*, and an injection in
" the evening, if the medicine did not ope-
" rate. She took the powder, and had a
" ſmall ſtool of a black colour and very
" fœtid ſmell, without the aſſiſtance of the
" injection; ſhe did not ſleep, and her head-
" ach was not at all relieved.

" 6th, PULSE as before; ſhe was ordered
" to repeat the *calomel* and *jalap* ten grains
" of each; ſhe had four ſtools before ſhe
" took the powder, the head-ach was a
" little relieved in the evening, but be-
" came as violent as ever at night.

" 7th, PULSE nearly as yeſterday, but
" was weaker when ſhe attempted to ſit up,
" which ſoon made her giddy and ſick:
" the

" the vomiting continued, the powder was
" repeated this evening.

" 8th, No ſtool ſince the 6th, pulſe
" ſtill about 70, irregular and weaker than
" formerly. A bliſter was applied to the
" whole head, the *calomel* and *jalap* were
" repeated; at night ſhe had two ſtools.

" 9th, THE bliſter roſe well, and the
" ſore was ordered to be dreſſed with
" bliſter ointment, her head-ach not at all
" diminiſhed; the vomiting continued; a
" ſlight ſtrabiſmus was obſerved, but the
" pupils ſtill contracted well. Pulſe more
" irregular; ſhe was ſometimes delirious;
" a drachm of the ſtrong mercurial oint-
" ment was rubbed on the inſide of her
" thighs this evening, and repeated at
" night. Her left temple was cupped,

" and

" and a little blood drawn from it without
" any relief.

" 10th, HAD three ſtools, with the laſt
" of which ſhe paſſed a *lumbricus* fourteen
" inches long, did not vomit; was fre-
" quently delirious, her feet were colder
" than natural; the mercurial friction was
" applied three times in the courſe of the
" day, and her legs were fomented at
" night without any apparent effect.

" 11th, SHE became very indiſtinct in
" her anſwers, and her viſion ſeemed to
" be impaired. Pulſe about 100, weak
" and irregular. The mercurial ointment
" was applied as formerly, and ſhe took
" ten grains of the mercurial pill at mid-
" day, and the ſame quantity in the even-
" ing.

" 12th,

" 12th, SHE loſt her ſpeech, and be-
" came paralytic on the right ſide. Pulſe
" about 110, and conſiderably quickened
" by a little wine, which was given to her
" at times, and which ſhe ſwallowed readi-
" ly. As mercury had been uſed in three
" different forms, without its producing
" any tendency to ſalivation, ſhe was or-
" dered in the afternoon to take ſix grains
" of *turpeth mineral*, which vomited her
" ſlightly twice, and purged her once; the
" inſenſibility however was diminiſhed,
" and the pulſe became leſs frequent.

" 13th, SHE took another doſe of the
" *turpeth mineral* in the morning, and
" had one ſtool; about three hours after-
" wards, ſhe moved her eyes at the ap-
" proach of light; but the pupils ſcarcely
" contracted. Her face was now fluſhed;
" and her tongue remarkably foul, the

" *turpeth*

" *turpeth mineral* was repeated at night, to " the quantity of ten grains without effect; " at night ſhe paſſed fœces and urine in- " voluntarily.

" 14th, ABOUT mid-day ſhe died with- " out any previous convulſions.

" 15th, THE head was opened, the " cranium was found to be uncommonly " thin. The *dura mater* was in its natu- " ral ſtate; the *tunica arachnoidea* was " amazingly thickened, ſeveral patches of " inflammatory cruſt appeared on it's ſur- " face, and under it was found a conſi " derable quantity of fluid coagulable by " heat; the left olfactory nerve was un- " commonly large. About three ounces " of pure water were found about the baſis " of the brain, and about one ounce in the " lateral ventricles, from whence the other

" water

" water appeared to have come through " the *infundibulum*. The *pituitary gland* " had no morbid appearance either as to " it's ſize or conſiſtence. The *choroid* " *plexus* had ſeveral granulated ſubſtances, " like ſmall hydatids attached to it. The " *cerebellum* was leſs uniform in it's texture " than uſual. Nothing more could be " obſerved about the head—The body was " not opened.

CASE

CASE XIII.

MR. ——, aged 42, died April 11th 1781, he had been remarkably robuſt and even athletic in his make, but for more than two years preceding his death had been evidently maniacal, and as ſuch, had been conſigned to the management of perſons properly qualified to treat people in his ſituation.

FOR about ten days immediately preceding his death, he appeared leſs lively than uſual, and the people about him had

had reaſon to ſuſpect, that neither his hearing nor his ſight were ſo good as uſual; it was alſo obſerved, that although attempts were made every day to procure a diſcharge by ſtool, both by means of purgative medicines and clyſters; yet it could not be accompliſhed more than once in the courſe of ſeveral days. He ſo obſtinately concealed any diſtreſſing ſymptoms he might have had, and was ſo totally ſilent to any inquiries that were made about his health, that no further particulars could be learned from him with reſpect to his immediate ſituation; it was obſerved however by thoſe who were about him, that his pulſe at length became exceedingly quick, and rather weak, and he ſhortly afterwards died, without any convulſion or ſtruggle whatever.

ON diſſection * his brain was found unuſually firm in every part of it's ſubſtance; (which Mr. Hunter aſſerts to be the caſe in all maniacs whoſe heads he has examined)—the veſſels throughout every part of the brain were exceedingly full of blood, and the ſmaller branches had the appearance of being moſt minutely injected; there was a conſiderable effuſion of watery fluid between the *arachnoid coat* and *pia mater*, ſome appearance of inflammation in the *thalami nervorum opticorum*, and about five ounces of water were found in the lateral ventricles. The appearances on diſſection are preciſely ſimilar in this caſe, to thoſe that have preſented themſelves in the brains of patients, who have died under all the ſymptoms of *Apoplexia*

* At which the Author was preſent, and took on the ſpot the account now given.

Apoplexia Hydrocephalica; during the life of this patient however, it was impoſſible to aſcertain what his feelings were. The vomiting uſually an attendant ſymptom of his complaint, could not have been concealed by any efforts of his; and therefore it may be concluded, that the tendency to it did not in this caſe exiſt: and it is likewiſe probable, that if the head-ach had been ſo exceſſive as it uſually is in this diſeaſe, neither his reſolution, nor his obſtinacy could have ſtifled all complaint.—In this caſe however I think it is probable, that the want of irritability in the brains of maniacs might have prevented the accumulation of blood in the head from producing thoſe ſymptoms, which it is moſt probable it would have done in a patient, whoſe intellect had not been previouſly deranged.

CASE

CASE XIV.

MASTER ——, aged four years and nine months, complained about the beginning of December 1781 of head-ach and drowſineſs; he frequently vomited and was coſtive; rhubarb and ſome other purgatives were given, which operated ſparingly and afforded no relief. On the 12th of December I viſited him with my father, and found his pulſe in general quick, but very irregular; his tongue was foul, he diſliked the light much, and on examination, the pupils were enlarged, and one of the eyes turned ſome-

what

what inwards towards the noſe. He could not be prevailed on to ſit up in bed, when raiſed he inclined his head to one ſide or the other, as if unable to hold it erect, and in general lay in a comatoſe ſtate, from which he ſometimes ſtarted with violent ſhrieks: his ſkin was hot, his face rather fluſhed, and he paſſed but ſmall quantities of urine.—As it was ſuggeſted that in a ſimilar caſe, conſiderable relief had been obtained by the uſe of the *Flores Zinci*, which operated as a *diuretic*; a mixture was ordered, a doſe of which containing two grains of the *Flores*, was to be taken every two hours; and as we had little doubt as to the ſeat and cauſe of the patient's diſeaſe, a bliſter was applied to the whole head that night, and a grain of *calomel* directed to be given every night and morning. On the 13th the ſtupor was greater, the enlargement of the pupils

pils much more remarkable, and the medicines had had no viſible effect. On the 14th the pupils did not at all contract on the approach of light, and the child was evidently weaker and more inſenſible; the bliſter however had riſen and diſcharged well: as his bowels had been confined for two days, a clyſter was ordered, and the *zinc* mixture and *calomel* continued. The clyſter brought off two large ſtools, which ſeemed to give eaſe, and the child apparently enjoyed more natural reſt than hitherto. From the 14th to the 24th the medicines were regularly repeated; the bliſtered part was dreſſed with the *unguentum epiſpaſticum*, and during the ſpace of time juſt mentioned, every day ſucceſſively held forth the appearance of gradual amendment; inſomuch, that on the 24th it was thought unneceſſary to repeat the *calomel* and *zinc* mixture; the diſcharge

from

from the head however was ſtill kept up for ſome days, and three grains of *cathartic extract* directed to be taken in the morning, whenever the patient had not had a ſtool the preceding day. On the 30th no appearance of diſeaſe remained but conſiderable weakneſs.

In April following I was applied to by the parents of this child, who then was affected with a *tertian intermittent*, which ſoon yielded to the uſual remedies: I was informed however, that ever ſince his illneſs in December, he had been ſubject to profuſe perſpirations from his head, without any aſſignable cauſe; this perſpiration was moſt remarkable at nights, and was often ſo violent, that it was neceſſary to change his cap before morning.—He has for ſome years enjoyed tolerably good health; I am informed however that he is

of

of an heavy diſpoſition, and ſubject to head-achs, particularly in the ſpring and autumn.

CASE XV.

MASTER ——, aged four years, had been attended for ſome days by the late Sir Nathaniel Barry, and on the 17th of February 1782 Dr. Quin, ſenior, was called into conſultation; every circumſtance ſtrongly indicated the exiſtence of water in the brain, ſo clearly indeed that his recovery was abſolutely deſpaired of. He was for ſeveral days totally blind, and inſenſible, but the ſucceſs which had

a few

a few days before attended the treatment of Maſter ——, vid. Caſe XIV. ſuggeſted the trial of the ſame remedies here; accordingly a large bliſter was applied to his head, and the ſore was kept open for a great length of time, occaſionally the actual bliſtering plaſter was renewed; along with this he immediately entered on a courſe of *calomel*; and on inquiry I found he took about 60 grains in three weeks, beginning with a grain every morning and night, the doſe being increaſed from time to time as it was found neceſſary. He ſoon after the commencement of this courſe ſhewed evident ſigns of returning ſenſibility, and gradually recovered his health, ſtrength, and underſtanding; the latter is remarkably quick and active.

THE child however was born with a degree of ſtrabiſmus in the left eye, and

whether he ever had perfect uſe of it is uncertain; it was not until he had been taught to read, which he is remarkably fond of doing, that his mother and friends obſerved, that when earneſtly engaged in this purſuit, he either held the book up to his right eye, or if the book were placed on a table, he turned his right eye towards it, in order to read with facility. Experiments were then made to aſcertain the cauſe of this habit, which his friends then recollected to have prevailed for ſome time; and it was found that when the right eye was cloſed, he could diſcern the form, colour, and diſtance of large objects, but could not ſufficiently aſcertain the form of letters, ſo as to read by the aſſiſtance of the left eye only.

THE boy continued for ſome years to enjoy tolerable health, but was at one

time ſo much afflicted with a diſcharge from his head, that for a year or more it was neceſſary to keep his head conſtantly ſhaved; at times he had great diſcharges from behind his ears, and lately, viz. September 1788, being attacked by the *influenza*, his jaws and external fauces were covered with an eruption, which at firſt diſcharged a watery matter, and afterwards a great deal of *pus*; for this he took *calomel*, and had a bliſter applied to his back, and an iſſue was made in the left arm, in addition to one he had in the right ever ſince his illneſs in 1782; being much reduced by theſe diſcharges, and the effects of the *influenza*, he was directed to take *Bark*, by which his ſtrength was manifeſtly increaſed, and about the beginning of October 1788, he returned to Dublin from the country, where he had ſpent the autumn, apparently in good health and ſpirits.—

He

He had not for a few days on his firſt return to town read as uſual, but on taking up a book October 16th, he found after reading a few lines, (particularly if the type was ſmall) the ſame difficulty in aſcertaining the form of the letters by his right eye, as he had long ſince experienced when he uſed the left; the boy's own expreſſion was, that after reading a few lines, the letters either danced before his eyes, or appeared indiſtinct.—October 21ſt when I viſited him, the pupils contracted ſufficiently in both eyes, no apparent defect in any reſpect could be diſcovered in either of them, except the ſquint with which he was born; his appetite was good, he ſlept well, had had no head-ach or giddineſs for ſome months, and the iſſues as well as the bliſtered part of his back diſcharged plentifully.—He was directed to take *Bark* in ſubſtance thrice a

day,

day, to uſe exerciſe, and to have electric ſparks drawn from his temples while he was inſulated.—By purſuing the above courſe for about ſix weeks, he recovered his ſtrength, and the perfect uſe of the eye laſt affected.

CASE XVI.

MASTER ——, aged three years, had been a very lively, healthy child, but ſometimes loſt a ſmall quantity of blood from the noſe. In the beginning of October 1785, he became leſs cheerful than uſual, and about the 10th appeared to be feveriſh; he was coſtive, ſometimes vomited,

vomited, paſſed but little urine, and often ſtarted from ſleep with a ſhriek as if terrified; his illneſs was attributed to worms, and accordingly ſome *calomel* was given, but without any effect.—He ſeemed however to be relieved by evacuations procured by means of *oil of caſtor* and clyſters. On the 18th he grew ſo heavy and feveriſh, that he was confined to bed, and the *calomel* repeated, but (as had before been the caſe) without effect. On the evening of the 22d the drowſineſs was ſo great, that it was ſcarcely poſſible to rouſe him. At twelve o'clock that night I firſt ſaw him; one ſide of his face was much flushed, the blood veſſels diſperſed over his temples were remarkably dark coloured, both eyes appeared to be protruded, one of them he ſeldom opened, the other was turned in towards the noſe, and the pupils of both were wonderfully dilated;

he

he ground his teeth exceedingly, his pulſe was then, (as I was informed it had been for ſome time,) in every reſpect irregular; he had had no ſtool for twenty-four hours.

I IMMEDIATELY gave him two grains of *calomel*, which was ordered to be repeated every eight hours; his head was ſhaved, and a large bliſter applied to it. He lay all night in a ſtupid, comatoſe ſtate, and never ſpoke, but made many efforts to prevent the attendants from putting either drink or medicine into his mouth.——At ten o'clock the following morning he had a large involuntary diſcharge by ſtool; his eyes ſeemed now to be quite inſenſible, as the near approach of a lighted candle did not affect them in the ſmalleſt degree; the pupils were in the ſame dilated ſtate as formerly. A leech was applied to each temple, and the *calomel* continued.—In

the

the evening no change could be perceived, not even an appearance of ſenſation from the operation of the bliſter; cataplaſms were applied to his feet: at twelve at night, October 23d, the head was dreſſed, and the bliſter was found to have cauſed a large diſcharge; for a few minutes during the courſe of the following morning he appeared to be ſomewhat ſenſible, but ſhortly relapſed into a ſtate of ſtupor; his pulſe was now more quick and regular. At night the bliſtered part was dreſſed with the *unguentum epiſpaſticum*; two grains of *calomel* were ordered to be given every ſix hours, and half a drachm of ſtrong mercurial ointment was well rubbed into his thighs. His jaws, which for ſome days had appeared to be rather ſtiff, were ſo completely locked on the morning of the 25th, that it was impoſſible to convey any thing into his mouth; in this ſtate he

lay

lay until nine o'clock at night, when he died after ſome ſlight convulſive fits.

ON the 27th his head was examined, all the blood veſſels of the brain were remarkably diſtended.—On the left ſide the *pia mater* was preternaturally thick and opake, and in many parts adhered to the *dura mater*; when by inciſion we had nearly reached the lateral ventricles, on very gentle preſſure a large quantity of clear water burſt forth, to the amount of ſix or ſeven ounces as nearly as could be gueſſed.

CASE XVII.

MASTER ——, aged four years, was attacked in the beginning of December 1786 by vomiting, coſtiveneſs, and heavineſs; he took *cathartic extract* without effect, the vomiting was conſtant, he gradually became more ſtupid, and unwilling to ſpeak, but complained of no pain. Two of his brothers had died formerly of *Apoplexia Hydrocephalica*, and as there was in this caſe ſtrong ſuſpicion that the diſeaſe aroſe from the ſame cauſe, the child was directed on the 9th of December

cember at night, to take two grains of *calomel* every third hour until it procured a motion; this had the deſired effect, but he ſtill vomited, and refuſed to ſpeak. On Monday the 11th I ſaw him, with another Phyſician; his pulſe was then irregular, but tolerably full, leeches were applied to his temples, from whence a good deal of blood was drawn, his head was ſhaved, and a bliſter applied at night. On the 12th he appeared more ſtupid than before, and the *calomel*, now increaſed to ſix grains a day, produced no effect. —13th, the doſe of *calomel* was increaſed to eight grains a day, at night he was a little convulſed, was often much fluſhed in his face, and ſometimes ſcreamed violently.

He had hitherto paſſed very little urine, and as none of the remedies employed had afforded

afforded the leaſt relief, it was agreed on that the *Fox Glove* ſhould be adminiſtered. He accordingly began on the 14th and took a grain and an half of the dry powdered leaves twice a day; at night a clyſter brought off a large ſtool.—15th, his pulſe was ſtill firm, but irregular; his face was at times quite pale, at others flushed, he ſhrieked often, but ſcarcely ever opened his eyes: a freſh bliſter was applied to his head, the *digitalis* continued, and the doſe of *calomel* increaſed to twelve grains a day. —16th, It did not appear that the very conſiderable doſes of *calomel* he had taken produced any effect, not even that of keeping his bowels moderately free; the quantity therefore was increaſed to eighteen grains a day; copious and frequent diſcharges of urine however now came on, and at night there was a watery diſcharge from his noſe; notwithſtanding theſe appearances

ances his ſtupor increaſed, the convulſions became frequent, and he died the follow-day;—he was not opened.

CASE XVIII.

MASTER ——, aged ſix years, had been ſince September 1786 ſubject to ſwellings near the joints of the arms and legs, which ſucceſſively ſuppurated, then burſt, or were opened by the ſurgeon, and afforded a conſiderable diſcharge.—He had been for ſome time preceding March 1787 in a courſe of *corroſive ſublimate*

ſublimate and *ſarſaparilla broth*, by the direction of his ſurgeon; about the firſt of March his appetite became bad, he grew drowſy and indolent, and ſometimes complained of head-ach, the medicine therefore was ordered to be omitted; during ten days he continued nearly in the ſame ſtate, but on the 10th the ſymptoms appeared to be of ſo alarming a nature, that in the evening I was ſent for to viſit him; he was in a ſtupid comatoſe ſtate, ſcreamed violently at times, particularly when the attendants attempted to move him; his pulſe was weak and very irregular, he had no ſtool ſince the day before, had frequently vomited, and when ſufficiently awake to anſwer queſtions, complained of pain in his head.—An injection was ordered as follows:

Decocti

℞.

Decocti communis pro enemate unc: vi.
Salis Glauberi
Olei Olivarum, ſingulorum unc: dimid:
Syr: e rhamno drach: iii.

A BLISTER alſo was applied to his head; the injection was retained ſeven hours, and then brought off two ſtools.

11th, HE was rather more awake than on the preceding day, but ſtill very ſtupid, the bliſter appeared to have given him very little uneaſineſs; towards evening he ſometimes worked the muſcles of his face, as if convulſed, and a ſlight degree of ſtrabiſmus was obſerved, in other reſpects there was no change. He was directed to take two grains of *calomel* every morning, and repeat the doſe at night.

"12th,

ſublimate and *ſarſaparilla broth*, by the direction of his ſurgeon; about the firſt of March his appetite became bad, he grew drowſy and indolent, and ſometimes complained of head-ach, the medicine therefore was ordered to be omitted; during ten days he continued nearly in the ſame ſtate, but on the 10th the ſymptoms appeared to be of ſo alarming a nature, that in the evening I was ſent for to viſit him; he was in a ſtupid comatoſe ſtate, ſcreamed violently at times, particularly when the attendants attempted to move him; his pulſe was weak and very irregular, he had no ſtool ſince the day before, had frequently vomited, and when ſufficiently awake to anſwer queſtions, complained of pain in his head.—An injection was ordered as follows:

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"12th,

12th, THE ſtrabiſmus was much increaſed, the ſcreamings were more frequent, and in the intervals the *coma* was more profound.—The vomiting had ceaſed, and whatever food he took this day he appeared to ſwallow voraciouſly; a ſwelling on the elbow, ſuch as he had been for ſome months ſubject to, had gradually grown leſs ſince the beginning of this attack, and was this day very viſibly diminiſhed.—He had had two good ſtools ſince my laſt viſit, the *calomel* was directed to be given thrice a day, and the bliſtered part to be dreſſed with the *unguentum epiſpaſticum*.

13th, THE *calomel* which was now increaſed to eight grains in the twenty-four hours had no kind of effect on his mouth, and indeed it did not ſeem to operate in any way whatever, unleſs the regular, though

though moderate evacuations by ſtool were to be attributed to it.—The diſcharge from the bliſtered part was now very inconſiderable, and as I thought it probable that *mercury* might be abſorbed moſt freely from a part lately excoriated, the whole of his head was ordered to be anointed with ſtrong *mercurial ointment*.

He continued to take the *calomel*, and the head was dreſſed with *mercurial ointment* without any change in the ſymptoms, or the appearance of others for three or four days, during which time when rouſed he ſeemed to have the perfect uſe of all his ſenſes, and exerted more ſtrength than could have been expected, but in general he was perfectly comatoſe. On the 18th however he appeared to be much worſe, he neither cried nor ſpoke, ſwallowed with difficulty, and appeared to be

blind.—On the 20th his breathing, which had been hitherto very free, was ſomewhat laborious, yet he appeared to be rather more apprehenſive of ſounds and external objects than he had been for ſome days; a bliſter was directed to be applied to the back of the neck, a ſtimulating clyſter to be injected, and wine to be given whenever he could ſwallow it; he was however very inſenſible to theſe operations, the ſpaſms in the face became more violent, general convulſions enſued, and he died on the 23d of the month.—His body was not opened.

CASE

CASE XIX.

MISS ——, aged two years, had been a remarkably healthy child until about the 14th of March 1787, ſhe was then obſerved to be feveriſh, vomited every thing ſhe took, and was very coſtive. The Apothecary who attended her, being apprehenſive that her complaints aroſe from worms, preſcribed ſuch medicines as he thought might relieve her from them.—She continued without any material change under his care for about a fortnight,

fortnight, towards the end of which period her ſtrength declined ſo much, and other ſymptoms indicated a change in her ſituation ſo unfavourable, that on the 28th I was called on to viſit her; her pulſe I found ſcarcely to be counted, it was ſo tremulous and irregular; ſhe ſeemed to be in general comatoſe, but at times groaned heavily and ſtruggled much; the ſtrabiſmus was very great, both pupils remarkably enlarged, and incapable of contraction when expoſed to a ſtrong light: although an amendment was ſcarcely to be hoped for, I ordered a bliſter to be applied to her head, and two grains of *calomel* to be given every four hours.

29th, THERE was very little appearance of the ſkin being raiſed by the bliſter; after three doſes of the *calomel*, ſhe had had one large ſtool, her eyes were now gloſſy,

gloſſy, ſhe had had two convulſive fits in the morning, and her right ſide was now evidently paralytic, ſhe had not vomited ſince I ſaw her the day before; as the blood veſſels of her temples and fore-head were very full and deep coloured, I directed two leeches to be applied to each temple, and the *calomel* to be repeated every third hour, unleſs it brought on too copious a *diarrhæa*; it ſeemed however to have no effect, the bliſter on the head had riſen but little, and ſhe died early in the morning of the 30th.——She was not opened.

CASE

CASE XX.

MASTER ——, aged three years, had been from his birth ſubject to ſlight complaints in his bowels, which generally yielded to *manna*, or other mild purgatives; in November 1786 he had a violent attack of this kind, which laſted longer than uſual, and after the pain was removed, his appetite became bad, his ſtrength and fleſh reduced, and from being a very lively child, he became indolent and peeviſh; at times however he

he was apparently in tolerable health, but his appetite and ſpirits not ſo good as uſual. About the beginning of March 1787 he became ſo much weaker, that the perſon in whoſe care he was, thought it neceſſary to take him to town; during the whole of the journey he was frequently ſeized with a vomiting, particularly when he ſwallowed any food. He was on his firſt arrival attended by a Surgeon, who ordered him ſmall doſes of *calomel* and *aloes*, which operated well and gave him ſome relief.

I WAS called on to viſit him on the 22d, and found his pulſe rather quick, he vomited frequently in the day, was in general very peeviſh, and unwilling to be moved, but at times for a few minutes would ſit up in bed, and ſeemed cheerful and well; he did not complain of any pain,

pain, but when aſked where he felt ſick, he pointed to his abdomen, which to the feel was in a perfectly natural ſtate. His eyes looked well and clear, his urine was paſſed in ſmall quantities, with a great deal of white ſediment; his breath rather of an heavy ſmell, he often picked his noſe, and had been formerly obſerved to paſs very ſlimy ſtools, his breathing was perfectly free: he was ordered to take a ſomewhat larger quantity of *calomel* and *aloes* every night, which brought away foetid dark coloured excrement in conſiderable quantities.

On the 25th I again ſaw him, his pulſe was not ſo quick, his urine more copious, and more natural in it's appearance, every other ſymptom as before; I ordered him to continue the *calomel*, &c. and to take occaſionally a tea ſpoonful of *tincture* of

roſes,

roſes, which did not relieve his ſtomach. 27th and 28th no change whatever could be obſerved. On the 29th another Phyſician was called in, and by his advice an infuſion of *worm-ſeed* was ordered, which he ſoon rejected, having taken but two doſes of it. On the 31ſt he was juſt in the ſame ſtate, but rather weaker, and his pulſe a little unequal; bliſters were applied to his legs, which roſe well and diſcharged, but without relief.—April 1ſt his pulſe was more unequal, but the eyes ſtill clear and in a natural ſtate.—He continued to grow gradually weaker and more comatoſe, until about the 10th, when he died without any ſymptom in addition to thoſe already mentioned, except ſlight convulſion before his death.—For the laſt twelve days he had nutritive clyſters of chicken-broth three or four times a day.

On diſſection moſt of the meſenteric glands were much enlarged, ſome of them very hard, and others filled with thick fœtid pus. The blood veſſels of the head were remarkably full, and in the ventricles of the brain there were above four ounces of water, as nearly as could be gueſſed.

CASE

CASE XXI.

A FEMALE child, aged one year and four months, ſiſter to the boy whoſe caſe is given in No. XVI. heretofore healthy, was on the 11th of April 1787 attacked ſuddenly by a kind of fit; ſhe was at firſt apparently inſenſible to every effort made to excite her, her breathing was eaſy, and her pulſe natural, but a blackiſh circle appeared to ſurround her eyes and mouth; ſhe gradually recovered after the firſt half hour, and in ſomewhat more

more than two hours from the firſt attack, ſhe was to all appearance reſtored to her uſual ſtate of good health and ſpirits.—Within a few days after this attack a lump appeared under her chin, hard but not diſcoloured; it was poulticed, and about the end of May it broke, and diſcharged good pus. The ſore was almoſt healed about the middle of June.—From the time ſhe had had the fit above mentioned, her bowels had always been very open, at times remarkably ſo; ſhe had likewiſe been ſubject to temporary vomitings, and in general was more fretful than uſual; theſe ſymptoms were about the 10th of June accompanied by apparent pain in her bowels, which often prevented her ſleeping; it was found however that two teeth were juſt then making their appearance; and as ſhe never complained of any headach, her eyes were perfectly clear, and in a natural

a natural ſtate, her ſymptoms were aſcribed chiefly to dentition; but as it was thought probable that the violent uneaſineſs in her bowels might be cauſed by worms, ſhe was directed to take a grain of *calomel* every ſecond night, and a few grains of *rhubarb* the ſucceeding morning; this courſe was purſued for ſome days, ſhe was often in good ſpirits and alert, at other times ſhe appeared to be more heavy, and ſuffer conſiderably from pain in the bowels. On the evening of the 22d of June, ſhe had a return of the ſame kind of fit, as had attacked her in April; but as ſome circumſtances accompanied it of a more alarming nature than thoſe which had occurred on the former occaſion, I was ſent for that night; ſhe was a few miles diſtant from town, and I could not ſee her till midnight.

I THEN found her eyes diſtorted, her pulſe irregular, ſometimes aſtoniſhingly quick, at others intermittent, changing in a few minutes to ſlow, or unequal pulſations both as to ſtrength and interval.—She frequently ground her teeth with violence, and bit the ſpoon in which her drinks were offered to her. She immediately took ſome doſes of *rhubarb* and *calomel*, a bliſter was applied between her ſhoulders, and cataplaſms to her feet, all of which had the uſual effects, but without relieving her in the ſmalleſt degree. After a ſtrict attention to her during the whole night, as I had little doubt but that her's was a caſe of *Apoplexia Hydrocephalica*, I directed two grains of *calomel* to be taken every three hours.

BEING at that time engaged in attendance on a patient at the diſtance of forty miles

miles from her place of reſidence, I took my leave the next morning, after having ſtated to her friends my opinion of the nature of the caſe, and my fears as to the event; ſhe was immediately put under the care of my friend Dr. Plunket, by whoſe directions every poſſible effort was made for her relief until the 28th, when ſhe died.—Her head was opened, and an extraordinary quantity of water was found in the ventricles of the brain.

CASE

CASE XXII.

D——, A private ſoldier in the 61ſt regiment, aged about forty, had been ſubject for many years to ſores on his legs which diſcharged freely, and likewiſe to a cough, attended with a conſtant defluxion; both theſe diſcharges had ſuddenly ceaſed about the end of April 1787, and very early in May he complained of a ſhivering, ſucceeded by heat, violent headach, coſtiveneſs, and frequent vomiting. He remained under the care of the Surgeon's mate until May the 19th, by which time

time he had grown ſo much worſe, that it was thought dangerous to attempt removing him; and I was called on to attend him in the barrack.

I FOUND his pulſe weak and very unequal, his breathing much oppreſſed, his eyes apparently protruded, the pupils very much dilated, and not at all affected by the near approach of a lighted candle; a ſtrabiſmus likewiſe was very evident.—The vomiting had now ceaſed, he could ſcarcely ſwallow, and ſeemed to have totally loſt the uſe of his limbs.—The great difficulty of ſwallowing induced me to rely chiefly on external applications: after he had been conveyed to the King's Infirmary, his head therefore was ſhaved, and a large bliſter applied to the whole hairy ſcalp. 20th, he remained nearly in the ſame ſtate; as there was no diſcharge from

the bliſter, a freſh plaſter was applied to the part, and in the courſe of this and the next day, bliſters were ſucceſſively applied to his forehead, legs and neck; all theſe roſe well.

ON the evening of the 21ſt he appeared to have recovered ſome uſe of his legs and arms, the pupils were not ſo much dilated, and he ſeemed in ſome degree to have recovered his ſight, but did not attempt to utter a word, nor was it thought he could hear: his bowels being confined, a ſtimulating injection was thrown up, which had the deſired effect. 22d, his pulſe was weak, but more regular, in other reſpects there was no material change. 23d, it was found by frequent trials, that he could ſwallow a little, he was then ordered to have ſmall quantities of wine frequently given to him, and two grains of *calomel* every

every night; this kept his bowels free, he gradually acquired ſtrength and appetite; about the 1ſt of June he could walk about, but ſlobber'd much from his mouth, and had all the appearance and manners of an ideot for ſeveral days; at this time the following medicine was directed for him:

℞.

Aquæ menth: vulg: ſimp:
uncias octo
Tinct: Rhæi: vinoſ:
——— Valerian: volatilis ſingul:
ſeſcunciam
M. capiat: unciam: quater de die.

He was ſtill both deaf and dumb, the appearance of idiocy however gradually went off, and in about ſix weeks from the beginning of his complaint he could ſpeak a little, but did not recover his hearing and

and perfect power of ſpeech for three months; being diſcharged from the ſervice, and allowed a penſion, he went ſome time afterwards to Scotland, from whence I have had no further account of him.

APPEN-

APPENDIX,

PART III.

Containing Caſes in which the FOX GLOVE *was adminiſtered under the Author's Inſpection.*

CASE XXIII.

H——, a private ſoldier in the 16th regiment of infantry, was admitted into the King's Infirmary on the 27th of March 1787. he was at that time univerſally anaſarcous; his abdomen was conſiderably

ſiderably enlarged, and the cough accompanied by oppreſſion, and difficulty of breathing, was ſo diſtreſſing that he could not lie down in bed. An expectorating mixture compoſed of *lac ammoniacum* and *oxymel* of *ſquills* was preſcribed for him, and he was likewiſe directed to take a pill every night compoſed of *calomel* and dried *ſquills*, of each two grains.

AFTER he had purſued this courſe for about a fortnight, the ſwelling ſeemed to be rather increaſed than diminiſhed; and in no reſpect was he at all relieved.—It was then determined to try the *Fox Glove*, and he was accordingly directed to take a pill every night, conſiſting of two grains of the powder of the dried leaves of the *Digitalis Purpurea*, with an equal quantity of powdered *ginger*; for his uſual drink he was allowed a ſolution of *cream of tartar*, with the

the addition of ſome *ſpiritus nitri dulcis*; all other medicines were omitted.—Immediately after he had entered on this courſe, the quantity of urine paſſed by him was very evidently increaſed; he was however a good deal diſtreſſed by gripings in his bowels, which were removed by the addition of a grain of *opium* to each of the *digitalis* pills.

He continued to take this medicine until every ſymptom of dropſy diſappeared, which happened in fifteen days after he had taken the firſt doſe; he was by this time conſiderably reduced in ſtrength, but by means of moderate exerciſe, a decoction of the *Peruvian Bark* acidulated with *vitriolic acid*, and a daily allowance of a pint of wine, he rapidly gained ſtrength. Very ſoon after the uſe of the *Digitalis* was ſuſpended, he complained of a profuſe diſcharge

charge of ſaliva; I did not think it neceſſary to pay any attention to this ſymptom for ſome days, but at length the ſalivation became ſo copious, that it was computed he ſometimes diſcharged nearly two quarts in twenty-four hours: he was therefore directed to take a drachm of *lenitive electuary* every morning, with an equal quantity of *flowers of ſulphur*; and in about a fortnight from the firſt appearance of ſalivation, he was completely free from complaint; he was accordingly diſcharged from the Infirmary, as being fit for duty on the 20th of May.

CASE

CASE XXIV.

R——, a private ſoldier in the 51ſt regiment, was admitted into the King's Infirmary July 14th 1785, with a large ſwelling of the abdomen, and evident fluctuation; he had had the ſwelling for three years paſt, and aſcribed the firſt appearance of it to a kick from an horſe on the left ſide of the belly, which he thought had been more ſwelled than the other ſince the accident; the enlargement of the abdomen had frequently abated very much, but never entirely diſappear-

ed; during a long march in May 1785, fatigue and expoſure to rain brought on a more obſtinate return of the ſwelling than he had hitherto experienced; after his admiſſion into the Infirmary, a great variety of medicines were ſucceſſively preſcribed for him; *cathartics* of all kinds, *calomel*, and *ſquills* both ſeparately and conjointly, infuſions of *juniper berries* and *horſe radiſh*, *cream of tartar* in ſeveral forms, *ſal diureticus*, *ſpiritus nitri dulcis*, *ſpirit of turpentine*, and *nitre* diſſolved in various drinks; none of theſe remedies affording him the leaſt relief, I was determined to preſcribe the *digitalis* on the 11th of October, when he took at night the dried leaves, and *confectio cardiaca*, of each two grains.

THE medicine made him ſick in his ſtomach, but it was repeated on the night of the

the 12th; it then griped him, and gave him three motions; he again took the medicine on the 13th, with the addition of a grain of *opium*. I found on the 14th, that notwithſtanding the addition of *opium*, the medicine ſtill purged him, and brought on vomiting; he took no more of it until the morning of the 15th, and repeated the doſe at night, with *opium* as before; during the whole of the next day it purged him more than ever, and as he thought the quantity of urine was evidently diminiſhed, I deſiſted from the further uſe of the *Fox Glove*. The man could not be perſuaded to ſubmit to the *paracenteſis*, and he was diſcharged as being incapable of duty on the 26th.

CASE

CASE XXV.

H——, a private ſoldier in the 47th regiment, was received into the King's Infirmary February 27th 1786, on account of an intermittent fever, which by the uſe of the *bark* and *antimony* was ſpeedily ſubdued; a very evident enlargement of the abdomen however ſucceeded, the fluctuation was manifeſt, and the patient complained of conſtant gripings, and *diarrhœa*; theſe ſymptoms yielded to large opiates, but the ſwelling of the abdomen

continued

continued until he began to take the *Digitalis*, two grains of which were given to him every night, until on the 9th from the commencement, when after copious evacuation by urine, all appearance of ſwelling ſubſided; and the patient was diſcharged ſoon after in perfect health.

M

CASE

CASE XXVI.

M——, a private in the 61ſt regiment, had been for ſome time in a mercurial courſe, on account of a venereal complaint, when he was ſuddenly ſeized with every appearance of univerſal *anaſarca*, his breathing was very laborious, his extremities, ſcrotum, face, and in ſhort every part of his ſurface was *ædematous*. He at firſt was directed to take a grain and an half of the *Fox Glove* leaves, with the ſame quantity of *ginger* every night; this did not diſagree with him, but as it had

had no *diuretic* effect, the medicine was given to him twice a day for a fortnight, during the whole of which time he never evacuated more than three half pints of urine in twenty-four hours; the ſwellings increaſing, and his breathing becoming ſtill more laborious, we deſiſted from the further uſe of the *Fox Glove*, and in a few days the patient died.

CASE

CASE XXVII.

E——, a private ſoldier in the ſame regiment, was about the ſame time affected with a general *anaſarca*; for a few days the *Fox Glove* (adminiſtered in the ſame manner as in the laſt mentioned caſe) produced every good effect that could have been expected; the quantity of urine generally amounted to three quarts in the day, and all the ſymptoms of dropſy diſappearing, a courſe of *tonic* remedies was preſcribed for him; but before he had fully recovered his ſtrength, all his former

ſymptoms

ſymptoms returned, and the *Fox Glove* was again reſorted to; for a few days the quantity of urine was viſibly increaſed, and the ſwelling in ſome degree became leſs; but at length the medicine ſeemed to be perfectly inactive, the *vis vitæ* was gradually exhauſted, and the patient died.

CASE XXVIII.

MRS. ——, aged about forty-four years, had complained for ſeveral weeks of a ſenſe of fulneſs in the abdomen, and an *ædematous* ſwelling in her legs. For two ſucceſſive periods the menſtrual diſcharge had been ſo profuſe, that ſhe imagined the fulneſs of the abdomen had been cauſed by pregnancy, and that ſhe had miſcarried at the above mentioned periods.—The ſwellings continued to increaſe, her appetite grew bad, a violent cough

cough came on, with a conſiderable tinge of blood in the expectorated matter.

WHEN I firſt ſaw her, on the 14th of November 1786, ſhe could retain nothing on her ſtomach, her complexion and eyes were yellow, her breathing extremely difficult, her pulſe weak, irregular and intermitting; the abdomen much enlarged, with evident fluctuation; the face and legs were ſomewhat ſwelled, and her left arm, down to the fingers ends, was amazingly *ædematous*; ſhe had taken ſeveral *diuretic* medicines, but to no purpoſe, the urine being high coloured, thick, and paſſed in very ſmall quantities.

WITH a view to prepare her ſtomach for the reception of medicines I had in contemplation, I firſt directed her to take a very weak ſolution of *opium* in *penny-royal water*

water occaſionally, but particularly at the hour of reſt.

ON the 15th the efforts to vomit had not been ſo conſtant, and a grain and an half of the dried leaves of the *Fox Glove*, with *mucilage* of *gum arabic*, and a drop of the *eſſential oil of mint* were ordered to be given at night, and repeated next morning; the two firſt doſes did not cauſe any nauſea; therefore as the caſe did not admit of delay, a third was given at mid-day on the 16th, and the ſame number of doſes repeated daily until the 22d: ſhe had ſcarcely taken the firſt doſe twelve hours when the flow of urine was conſiderably increaſed; the diſcharge daily became more copious, the ſwellings gradually ſubſided, her pulſe became regular, her breathing was leſs oppreſſed, the vomiting

miting totally ceaſed, and ſhe reſted tolerably well.

ON the 22d of the month ſhe complained of pains in moſt parts of her body, and in her head; ſuſpecting that theſe ſymptoms might be cauſed by the *Digitalis*, I laid aſide the uſe of it for the preſent, with an intention to reſume it in a few days, if the ſwelling ſhould increaſe, or the diſcharge of urine become leſs copious; in the mean time ſome pills were preſcribed, compoſed of *bitters* and *flores martiales*, with each doſe of which ſhe drank a glaſs of *Pyrmont water* and *hock*. Theſe medicines ſhe took for about a week, her appetite was in ſome degree reſtored, the urine was ſtill copious, and in leſs than a month from the time ſhe firſt uſed the *Fox Glove*, all the ſwellings had

had diſappeared, except that of the arm, which was ſtill rather enlarged.

ON the 14th of December no appearance of ſwelling remained any where, but a ſlight degree of irregularity in the pulſe, a difficulty in lying horizontally, and ſometimes a ſenſation of faintneſs, creating a ſuſpicion that ſome water was ſtill lodged in the *thorax*; ſhe was directed to return to the *Digitalis*, and continued for a week to take it thrice a day; it did not on this occaſion produce any remarkable increaſe of urine; ſhe however gradually recovered her health in every particular. I have ſeen her very frequently during the laſt three years, and have learned from her, that ſhe ſometimes finds it expedient to take a few doſes of the *Digitalis*, which ſhe has recourſe to whenever ſhe feels any oppreſſion in breathing; but on the whole

ſhe

ſhe enjoys good health, and has had no return whatever of dropſy, jaundice, or bloody expectoration.

CASE XXIX.

B——, a private ſoldier in the 61ſt regiment, aged twenty-one years, of a florid complexion, and plethoric habit, was inoculated at country quarters in June 1787, and a very favourable eruption appeared at the uſual time; nothing particular occurred in the courſe of the diſeaſe: but after the eruption had entirely ſubſided, and he had been evacuated as uſual,

he

he complained of a fulneſs and tenſion of the abdomen, which when examined by the Surgeon, was found to be manifeſtly enlarged, and remarkably hard; gentle purgatives were ordered for him from time to time, the abdomen was conſtantly rubbed and kept warm, he had no ſwelling in any other part, his appetite was good, and in general he reſted well.

ABOUT the beginning of October the ſwelling increaſed, and he at times complained of a difficulty in breathing; in this ſtate he was admitted into the King's Infirmary on the 14th of October; I could not diſtinctly feel the fluctuation uſual in *aſcites*; but to the touch the containing parts of the abdomen ſeemed to be preternaturally thickened, ſo much ſo indeed, as to reſemble in appearance the abdomen of a man I once ſaw diſſected at Edinburgh;

burgh; in this case an enormous swelling of the abdomen was found after death to have been caused by a large thick sack, attached to the inferior surface of the liver, and filled with innumerable *hydatids* of various sizes. Though I did not entertain a very favourable opinion of the patient's case, I thought it expedient to try what could be done for his relief by means of the *Digitalis*. From the 14th to the 17th he took two grains of it every night with ginger; and made use of a solution of *cream of tartar* as his constant drink. On the 18th he took two doses daily, but as the medicine griped him, half a grain of *opium* was added to each; no good effect being discovered from it, and a nausea coming on, he desisted from the further use of the *Digitalis* on the 24th; he then was ordered to take small doses of *calomel* every night, which was persisted in with-

out any relief until the 3d of November, when two grains of the *extract of cicuta* thrice a day were prescribed, instead of the *calomel*: an infusion of *squills* in a warm solution of *cream of tartar*, to which was added *spiritus nitri dulcis*, he took for several days with no better success than the other remedies.

On the 23d of November he was seized with a fever, which continued three weeks, and at the termination of this fever the swelling of the abdomen was very visibly diminished.—As the man was now a good deal reduced in flesh and strength, and according to the observation of Dr. Withering, the *Digitalis* generally exerts it's powers most effectually in such habits, I was resolved to make another trial of it in the case of this patient.—He accordingly began on the night of the 27th of Decem-

ber

ber to take two grains of it, with two of *ginger*, and one of *calomel*, which was repeated without any advantage being gained for ſeven ſucceeding nights. He afterwards took a ſolution of *gamboge* in *mint water*; it purged him but did not reduce the ſwelling, which about the middle of January was as large as it ever had been. On the third of February he was ordered to have a warm bath, and a drachm of ſtrong *mercurial ointment* was afterwards well rubbed over the whole abdomen; this friction was repeated ſeveral times, and other remedies were tried until the end of April 1788, when no hopes being entertained of relieving the patient in the Infirmary, he procured permiſſion to return to his friends in England.

I HAVE been informed by an Officer of the regiment, who has ſince ſeen the man at

at Winchester, that for some time the disease resisted every remedy prescribed by two Physicians in that city; but that in the course of the Summer 1789, he applied in despair to an Empyric, who gave him two doses of some medicine, which brought on most violent vomiting, and that in a few days he became perfectly free from any appearance of dropsy.

CASE

CASE XXX.

MR. ——, aged about thirty-five, had been for many years ſubject to an aſthma, which he appeared to have inherited from his mother, who died aſthmatic and dropſical. Some time in the year 1786 he was ſeveral weeks confined to his bed by a ſevere rheumatic fever, which almoſt deprived him of the uſe of his limbs. During the following winter his cough was more ſevere than it ever had been, his expectoration was co-

pious,

pious, and extremely viſcid; and his breathing, particularly when he lay down at nights, was very much oppreſſed:— Swelling alſo appeared for the firſt time in his abdomen and legs, which on the approach of ſummer, yielded to ſome medicines which were preſcribed for him; the next winter he was attacked in the ſame manner, but again recovered his health in ſummer as formerly; about the end of the year 1788, his aſthma as uſual grew worſe, and the ſwellings in the abdomen and extremities became larger and harder than formerly; the ſame medicines which he had taken when attacked in this way before, aſſiſted by country air and moderate exerciſe, afforded him not the leaſt relief; ſo that on the 30th of May following, when I firſt ſaw him, he complained of greater oppreſſion, weakneſs, and loſs of appetite than he had ever before experienced;

ed; his abdomen was very much enlarged and hard, and a fluctuation was eaſily perceived; his legs and thighs were *ædematous*, and on the former were ſeveral large blotches of a blackiſh brown colour, his complexion was yellow, his appetite very bad, his urine high coloured and ſmall in quantity, his breathing oppreſſed, and he ſometimes complained of violent pains in the abdomen, chiefly when he was coſtive, and whenever he was moderately purged, exceſſive weakneſs followed the operation.

By the account he gave me of the various medicines he had taken, it appeared probable that the uſual remedies had already been employed; therefore I immediately ordered for him the *Digitalis*, of which for the firſt three days he took one grain and an half, with two grains of *nutmeg* once in the day; a ſecond doſe was then

then given every day for ten days; when finding no ſalutary effects ariſe from the uſe of it, and attributing to it a giddineſs in the head, and frequent efforts to vomit, which had attacked him a few days after he began to take the *Digitalis*; I ceaſed to give him any more of it for the preſent, and had recourſe to bitter infuſions with ſweet *ſpirit of nitre*; ſeveral other remedies were ſucceſſively preſcribed, of which a decoction of *green broom tops* in porter was the only medicine that appeared to act as a *diuretic*; but even this did not materially diminiſh any of the ſwellings, and as it often purged him rather ſmartly, he became diſſatisfied with it, and left it off. A ſolution of fixed *alkaline ſalt* in Rheniſh wine was ſubſtituted without effect: the *ſemicupium* was equally inefficacious, in ſhort, after giving a patient trial for near four months to every remedy

which

which I thought was at all ſuited to his caſe, I cannot ſay that the event encouraged me to perſevere in the uſe of any of them; for at the end of the time above mentioned, whatever change could be obſerved in the ſtate of the patient's health, was rather unfavourable.

CASE XXXI.

MISS ——, aged ten years, was rather of a delicate make, but had always been a lively healthy child.—Without any previous illneſs or accident, ſhe was obſerved about the beginning of June

1789 to be ſwelled in the region of the abdomen.—She became thin and languid, loſt her appetite, breathed with difficulty, which gradually increaſed as the ſwelling of the abdomen grew larger, and at length the oppreſſion became ſo diſtreſſing, that ſhe could not endure to lie down in bed.—After ſhe had taken *jalap*, and ſome other medicines without relief, I was deſired to viſit her on the 4th of July; when I ordered for her a grain of the *Digitalis*, with an equal quantity of *nutmeg* made into a pill with *turpentine*, to be taken every night, and a ſolution of *cream of tartar* with honey and ſweet *ſpirit of nitre*, of which ſhe was to take a wine glaſs full three or four times a day. After ſhe had taken three doſes, ſhe paſſed a great quantity of urine, the ſwelling was much diminiſhed, her breathing greatly relieved, and her appetite and ſpirits perfectly re-

ſtored;

ſtored; ſhe continued however to take the medicines five nights more, until the 13th, when the pill was omitted, but the ſolution continued.—She had now no complaint, but a very inconſiderable enlargement of the belly; in three or four days the ſwelling rather increaſed, her breathing and ſpirits were ſomewhat oppreſſed, and her ſleep a good deal diſturbed, therefore on the 18th I directed her to take the pills again as formerly; ſhe took five of them, which produced no apparent effect whatever; being then anxious to go to the country, her friends thought proper to ſend her immediately out of town, and I have not ſince received any account of her ſituation.

CASE

CASE XXXII.

MR. ——, aged above ſeventy, had in general enjoyed remarkably good health, until the autumn of 1785, when he was attacked by a tedious and painful diſeaſe in his bowels, and ſome circumſtances afforded grounds for ſuſpicion that at this time his liver alſo was affected; ever ſince this attack, his ſtrength and appetite have been ſomewhat impaired, and he ſuffered more than he was formerly accuſtomed to from the effects of cold.—In September 1789 he had a ſevere dry cough, with very conſiderable difficulty of breathing, ſwelling of his legs, and

and intermiſſion in his pulſe.—A warm plaſter was applied between his ſhoulders, and an expectorating mixture was preſcribed for him. When he had continued in this courſe for about a week, he was for the firſt time in his life ſeized with an epileptic fit, which by degrees ſubſided, and in a few days left him nearly in the ſame ſtate in which he had been before the attack; there was now however a viſible enlargement of the abdomen, and his legs were rather more *œdematous*.

On the 3d of October I preſcribed for him a grain and an half of the powdered *Fox Glove* with *nutmeg*, to be taken every night; in a few days his breathing became free, the ſwelling of the abdomen ſubſided, but his hands were *anaſarcous*, and his legs were not diminiſhed in ſize: his urine was more copious than formerly.—

A ſecond

A ſecond epileptic fit, at the interval of about a month from the firſt, rendered it (as I thought) adviſable to ſuſpend the uſe of the *Fox Glove* for a few days, but his urine becoming high coloured and ſcanty, he returned to the medicine, and continued to take it until the beginning of December without any material advantage. He now complained of giddineſs in his head, total loſs of appetite, and oppreſſion on his cheſt from an abundance of viſcid phlegm, from which he was in ſome meaſure relieved by a ſolution of *gum ammoniacum*; but on the evening of the 27th, he had ſeveral epileptic fits in quick ſucceſſion, and died during the laſt of them.

CASE

CASE XXXIII.

M——, a private in the 48th regiment, aged 23 years, had while on duty in the Weſt Indies, in the autumn 1788, a *dyſentery*, which was followed by an *aſcites*. The remedies employed for his relief not ſucceeding, and the man objecting to the operation of the *paracenteſis* in a warm climate, he was ſent to Europe for the benefit of his health, and admitted into the King's Military Infirmary in Dublin in September 1789.—He was then enormouſly ſwelled in the abdomen, but

no

no where elſe; he was exceedingly emaciated and weak, with but little appetite, and his pulſe weak and quick.—September 26th, he was directed to take two grains of the *Digitalis*, with two of *ginger* every night, which was continued for ſix nights without any increaſe of urine, or diminution of the ſwelling; he was then directed to take two grains of *calomel* every night inſtead of the *Digitalis*: from the 2d of October to the 28th ſeveral other remedies were preſcribed to no purpoſe; I then determined to give the *Digitalis* another trial, and he accordingly began on the night of the 28th to take it as formerly, together with a ſolution of *cream of tartar*, to which ſome ſweet *ſpirit of nitre* was added.

AFTER purſuing this courſe for five days, no alteration in the ſymptoms could be obſerved, but as no bad ſymptoms had ariſen,

ariſen, it was thought adviſable to increaſe the doſe of the *Digitalis* to four grains every night, which doſe the patient took regularly for three weeks; various *diuretic* infuſions &c. being from time to time adminiſtered as aſſiſtants to the *Digitalis*, the *aſcites* reſiſted every remedy hitherto adopted, I therefore was reſolved to make a trial of *ſudorifics*;—on the 22d of November, all other medicines being laid aſide, he was ordered into the warm bath at night, and after this operation being ſent to bed, a ſcruple of *Dover's Powder* was adminiſtered, with a draught compoſed of *Spiritus Mindereri*, and one grain of *ſtibiated tartar*; he vomited a good deal at firſt, and perſpired afterwards moſt profuſely, ſo that on the following day the ſwelling of his abdomen was moſt remarkably diminiſhed; the ſame medicines, without the warm bath, were repeated on

the nights of the 24th, 28th, and 29th of November, on the 1st, 3d, 5th, and 8th of December, and the conſequence was a regularly progreſſive diminution of his abdomen, which was conſpicuous by the neceſſity he found himſelf under of contracting very conſiderably the circumference of a girth, with four buckles, which had been allowed to him, when the ſwelling began to decreaſe.—At this time he complained of ſickneſs in his ſtomach, and I directed for him a bolus of the dried *powder of chamomile flowers*, with *ſalmartis*, which appeared to have ſo good an effect on his ſtomach, that on the 12th of December I ordered the *ſudorific* remedies to be repeated as uſual, but the doſe of the *Dover's Powder* was increaſed to thirty grains; the ſame doſe was given on the nights of the 16th, 18th, and 20th of December; but although the ſwelling of

the

the abdomen is now by no means ſo great as it was when the patient arrived from the Weſt-Indies; the remedies which were formerly of uſe do not now appear to produce thoſe good effects, which they undoubtedly had when adminiſtered at firſt, even in ſmaller doſes.—The patient now takes a preparation of *Bark* with *vitriolic acid*; and ſo ſoon as I can venture to return to the *ſudorific* courſe, I have no doubt that it will be expedient to prefer that for his relief, to the uſe of *diuretics*, which have been here fairly tried, and have certainly afforded no relief.

FINIS.

MVSEVM
BRITAN
NICVM

FINIS.